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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **UNIVERSITY COLLEGE DUBLIN**  **Please tick relevant box:**  Notification of Intention to take:  Adoptive Leave 🞏 Surrogacy Leave 🞏 | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | |  |
| 1. ***Please ensure that you have read the University Policy and procedure information for employees taking adoptive/surrogacy leave, before completing this form, available at*** [***https://www.ucd.ie/hr/leave/***](https://www.ucd.ie/hr/leave/) 2. ***Please note that any public holidays/good Friday, which fall during the period of adoptive leave, both paid and unpaid, will be added on to the end of the leave period.******Public holidays and annual leave do not accrue during periods of paid/unpaid surrogacy leave.*** 3. ***If you intend taking annual leave following either leave, this must be agreed in advance with the Head of School/Unit.*** 4. ***This form should be completed and returned to HR Operations via email*** [***HRhelpdesk@ucd.ie***](mailto:HRhelpdesk@ucd.ie) | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | |  |
| **Adoptive Leave:** Under the Adoptive Leave Act, 1995, I hereby notify the University of my intention to take adoptive leave. I attach details of the expected date of placement / a copy of the ‘Declaration of Suitability’.  **Surrogacy** **leave**: I attach required documentation as per policy and surrogacy procedures. | | | | | | | | | | | | |  |
| **Name:** | | | |  | | | **Personnel No:** | | |  | | |  |
|  | | | |  | | |  | | |  | | |  |
| **School/Unit:** | | | |  | | | **Ext. No:** | | |  | | |  |
|  | | | |  | | |  | | |  | | | |
| **If part-time or job-sharing please state pattern of working week:** | | | | | | | | | | | | | |
| **Where relevant please indicate if you have previously taken surrogacy leave for this child: Yes / No** | | | | | | | | | | | | | |
|  | | | |  | | |  | | |  | | | |
| My adoptive/surrogacy Leave will commence on: | | | | | **/ /** | | | |  | | | | |
|  | | | | | | | | | | | | | |
| My expected date of placement/ birth of Child is: | | | | | **/ /** | | | |  | | | | |
|  | | | | | | | | | | | | | |
| My adoptive/surrogacy Leave (24 weeks) is due to end on: | | | | | **/ /** | | | |  | | | |  |
|  | | | | | | | | | | | | | |
| Additional unpaid adoptive / surrogacy Leave  commences on: | | | | | **/ /** | | | | ends on | | **/ /** | |  |
|  | | | | | | | | | | | | | |
| Plus |  | days due in lieu of public holidays/good friday occurring during the period of adoptive Leave. | | | | | | | | | | |  |
|  | | | | | | | | | | | | | |
| Plus days annual leave (agreed by Head of School/Unit) | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Proposed date of return to work:** | | | | | **/ /** | | | |  | | | | |
|  | | | | | | | | | | | | | |
| **Other Notification Requirements:** *(if not indicated above)*   * If I intend to take sixteen weeks additional unpaid leave (adoptive/surrogacy), I understand that I must notify UCD HR Operations by completing the relevant form and emailing it to [HRhelpdesk@ucd.ie](mailto:HRhelpdesk@ucd.ie) by / / **(no later than 4 weeks prior to the end of my adoptive/surrogacy leave (excluding annual leave)** | | | | | | | | | | | | |  |
|  | | |  | | |  | | | |  | | | |
| I confirm that – please tick relevant box:  Adoptive Leave: I undertake to fulfil my obligations under the Adoptive Leave Act, 1995, as outlined in the policy 🞏  Surrogacy Leave: I have read the University Policy/surrogacy procedure for employees taking surrogacy leave 🞏 | | | | | | | | | | | | |  |
|  | |  | | | |  | | | |  | | | |
| **Signed:** | |  | | | | **Date:** | | **/ /** | | | |  | |
|  | | **Employee** | | | |  | | | |  | | | |
|  | | |  | | |  | | | |  | | | |
| **Approved:** | |  | | | | **Date:** | | **/ /** | | | |  | |
|  | | **Head of School/Unit** | | | |  | | | |  | | | |