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| **UNIVERSITY COLLEGE DUBLIN****Please tick relevant box:**Notification of Intention to take: Adoptive Leave 🞏 Surrogacy Leave 🞏 |  |
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| 1. ***Please ensure that you have read the University Policy and procedure information for employees taking adoptive/surrogacy leave, before completing this form, available on the*** [***UCD HR website***](https://hub.ucd.ie/usis/%21W_HU_MENU.P_PUBLISH?p_tag=GD-DOCLAND&ID=19)
2. ***Please note that any public holidays/college holidays, 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. ***All employees returning from adoptive or surrogacy leave are entitled to avail of a grant up to a maximum of €500 for re-skilling and networking. Further information, is available*** [***here***](https://www.ucd.ie/hr/leave/familyrelatedleave/) ***and for queries, contact******edi@ucd.ie******.***
5. ***Faculty employees: It is University policy to provide faculty employees returning from adoptive or surrogacy leave a phased return to teaching over the course of the first calendar year following their return, typically averaging 50% commitment over that year. Further information, is available*** [***here***](https://www.ucd.ie/hr/leave/familyrelatedleave/) ***and for queries, contact******edi@ucd.ie******.***
6. ***This form should be completed and returned to HR Operations via email*** ***HRhelpdesk@ucd.ie***
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| **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:** |  |  |
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| **School/Unit:** |  | **Head of School/Unit:** |  |  |
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| **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**  |
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| 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/college holidays occurring during the period of adoptive Leave. |  |
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| Plus days annual leave (agreed by Head of School/Unit) |
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| **Proposed date of return to work:** |  **/ /** |  |
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| **Other Notification Requirements:** *(if not indicated above)** My manager has notified me about my UCD entitlement to phased return to teaching. **Y 🗆 N 🗆**

 **\***If you tick ‘No, it is important for you and your manager to discuss this in advance of taking leave.* 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 by / / **(no later than 4 weeks prior to the end of my adoptive/surrogacy leave (excluding annual leave)**
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| 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** |  |  |