



Adoption Leave Notification Form – AL1

To Payroll

Colleague name:

Payroll/Colleague No:

Place of Work:

I request adoption leave as detailed below.

To support my request for adoption leave, please find attached copies of:

The Matching Certificate

The Notification Document

I have 26 weeks service prior to the date of notification of the matching and intend to start my leave on

I intend to take the paid 26 weeks Ordinary Adoption

Leave I also intend to take the additional 26 weeks

adoption leave OR

I do not intend to take the additional adoption leave

(Please complete as appropriate)

Signed:

Date:

Policy name:	AL1 – Adoption Leave Notification Form	Date of last review:	April 2022
Policy owner:	HR	Issue number:	002

Received into Payroll on:

Date:

Name:

Please return this form to the Payroll Team; payrollusers@midcounties.coop or Payroll Enquiries, Personnel Services Group, The Midcounties Co-operative, Co-operative House, Warwick Technology Park, Gallows Hill, Warwick, CV34 6DA.

Please also email a copy of this form to familyleave@midcounties.coop.

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