

**ADOPTIVE LEAVE REQUEST FORM (HR-GEN-011-F)**

**Name of Employee:** \_\_\_\_\_ **Employee No.:** \_\_\_\_\_

**NOTIFICATION OF INTENTION TO TAKE ADOPTIVE LEAVE**

I hereby notify my employer of my intention to take Adoptive Leave.

My Adoptive Leave will commence on:

**Day:** \_\_\_\_\_ **Month:** \_\_\_\_\_ **Year:** \_\_\_\_\_

My Adoptive Leave will finish on:  
(24 weeks later)

**Day:** \_\_\_\_\_ **Month:** \_\_\_\_\_ **Year:** \_\_\_\_\_

**OTHER NOTIFICATION REQUIREMENT**

**Additional Adoptive Leave**

If I intend to take Additional Adoptive Leave, I understand that I must notify my employer in writing at least four weeks before the end of my Adoptive Leave (i.e. not later than):

**Day:** \_\_\_\_\_ **Month:** \_\_\_\_\_ **Year:** \_\_\_\_\_

**INTENTION TO RETURN TO WORK**

If I intend to return to work after my Adoptive Leave I understand that I must notify my employer in writing.

I must notify my employer for the first time not later than four weeks before the end of my leave (i.e. not later than):

**Day:** \_\_\_\_\_ **Month:** \_\_\_\_\_ **Year:** \_\_\_\_\_

I understand all of the above and my obligations under the Adoptive Leave Acts, 1995 and 2005 and The Family Leave and Miscellaneous Provisions Act, 2021

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Head of Department/ Line Manager**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Human Resources Department