Appendix 2

Application for Adoption Leave

(applications should be made in conformity with the provisions and Directive 8)	of the PSMC Manual on Work-Life Balance Measures	
SECTION 1: APPLICANT'S DETAILS		
Surname	Name	
Ministry/ Entity	Department/ Directorate	
Grade/Position	ID Card No.	
E-Mail Address	Office Tel	
SECTION 2: ADOPTION LEAVE APPROVED BY DIRECTORS (tick and fill in as appropriate)		
Adoption Leave: fourteen (14) weeks □	additional four (4) weeks $\ \square$	
Period of Adoption Leave being requested: From	То	
International Adoptions: Additional unpaid leave (cross out if not applicable)		
From To (not exceeding three (3) months in aggregate)		
Document(s) supporting request enclosed with ap	plication: Yes \square No \square	
Is spouse / partner in a civil union benefiting from t	this policy? Yes \square No \square	
I intend to resume duties on :		
An employee who has been granted paid Adoption Leave is required to work for an uninterrupted period of six (6) months for each period of adoption leave. If Adoption Leave is shared, the six (6) months service will be computed pro-rata according to the period of paid Adoption Leave utilised by each parent.		
I, the undersigned, declare that the information and documentation submitted in this application is correct.		
Signature of Applicant: Date:		
For Official Use: Approved	proved (if not approved please state reason)	
Signature of Director/Head of Dept Date		

Directors should take disciplinary action when officers fail to resume duty at the expiration of Adoption Leave.

The information supplied in this application form shall be used exclusively by the employing Ministry and the People & Standards Division for record keeping and verification purposes. Personal information provided on this application form is protected, and used in accordance with the provisions of the Data Protection Act.

Signature of Head of School

Signature of College Principal