

**TEACHERS' OCCUPATIONAL ADOPTION SCHEME  
NOTIFICATION OF ADOPTION ABSENCE**

- Notes:
1. *This form should be completed by ALL teachers absent owing to adoption whether or not they are entitled to payment or are resigning. (For further information please refer to the current circular on adoption leave – This is available from your school, employing authority or the DE Website: <http://www.deni.gov.uk/teachers>).*
  2. *The teacher should complete Part A and forward the form together with a matching certificate or a letter from the Adoption Agency stating when the child is expected to be placed with them, to their Principal within seven days of being notified by their adoption agency that they have been matched with a child for adoption, unless this is not reasonably practicable.*
  3. *On receipt the Principal should immediately complete Part B and forward the form to the Chair of the Board of Governors for signature and then **on to the Department within a week of receipt.***

***Department of Education, Teachers' Pensions, Pay & Administration  
Branch, (Pay Section) Waterside House, 75 Duke Street,  
Londonderry BT47 6FP.***

**PART A:**

A. To: \_\_\_\_\_ (Principal)

1. The child is expected to be placed with me on: \_\_\_\_\_  
(Matching certificate or other evidence enclosed)
2. The date that I was told by the Adoption Agency that I had been matched with a child: \_\_\_\_\_
3. I wish to be absent from my teaching duties from: \_\_\_\_\_
- 4 \*a I intend to return to my teaching duties after adoption leave on: (Please read the note below 4b) \_\_\_\_\_
- \*b I do not intend to return to work after the adoption and my resignation date will be: \_\_\_\_\_

Please note you are not obliged to specify a return date however if this date is not known or omitted, it will be assumed that you intend to take your full leave entitlement. (For information on your leave entitlement contact your Employing Authority). Any change to this date must be notified through your Principal to the Department within 28 days of your intended return date.

I wish to be paid while absent under:

- \*a The current Teachers' Occupational Adoption Leave Scheme or
- \*b Social Security Contribution and Benefits Act 1992

5. **APPLICABLE ONLY TO THOSE TEACHERS CLAIMING UNDER 4.a. ABOVE**

I am aware that payment of my salary under the Teachers' Occupational Adoption Scheme is subject to the condition that I shall return to my teaching duties and serve for a continuous period of 13 weeks (or part-time equivalent) and in the event of my not fulfilling this requirement, I undertake to repay in accordance with the Scheme.

Signed: \_\_\_\_\_ TR No: \_\_\_\_\_

School/Institution: \_\_\_\_\_ Date: \_\_\_\_\_

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**PART B: TO THE DEPARTMENT OF EDUCATION**

The above-named teacher has compiled with:

1. \*a The current Teachers' Occupational Adoption Leave Scheme .  
\*b Part XII 2.b Section 167 of the Social Security Contributions and Benefits (Northern Ireland) Act 1992.
2. Form matching certificate or letter from the Adoption Agency has been enclosed.

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
Received: \_\_\_\_\_  
*(Principal)* *(See note below)*

**Please note this form and the matching certificate must be forwarded to the Department of Education (at the address stated at Note 3) within one week of receiving it from the teacher.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Chair Board of Governors)*



*\*delete as appropriate*