

**Primary Adopter’s notice to curtail adoption entitlement**

(only complete if the adopter has not already returned to work)

**Instructions**

You should only complete this section if:

* You are the child’s Primary Adopter (i.e. the adoptive parent who is eligible for Adoption Leave).
* You are consenting to ending your Adoption Leave and Statutory Adoption Pay early to enable you and/or your partner to take Shared Parental Leave.
* You must submit this form at least 8 weeks before you and/or your partner take Shared Parental Leave.

**Primary Adopter’s name**

**Adoption Leave curtailment notice:**

Start date of Adoption Leave: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

I would like my Adoption Leave to end on: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

Total number of weeks of Adoption Leave taken  by the date Adoption Leave ends.

**Statutory Adoption Pay curtailment notice (if claiming Statutory Shared Parental Leave Pay):**

Start date of Statutory Adoption Pay: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

I would like my Statutory Adoption Pay to end on: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

Total number of weeks of Statutory Adoption Pay paid  by date Statutory Adoption Pay ends.

**Notice to employer:**

Please accept this as my notice to curtail my Adoption Leave and/or Statutory Adoption Pay. I understand that my Adoption Leave and/or Statutory Adoption Pay will end on the dates that I have given above.

I understand that I can only reinstate my Adoption Leave and/or Statutory Adoption Pay if I revoke (withdraw) this notice before that date.

**Adopter’s signature**

Date \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_