

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

**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 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:**

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

**Statutory Adoption Pay curtailment notice:**

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

**Notice to employer:**

Please accept this as my notice to curtail my Adoption Leave.

I understand that my Adoption Leave will end on the dates that I have given above.

I understand that I can only reinstate my Adoption Leave if I revoke (withdraw) this notice before that date.

I will inform my employer immediately if I withdraw or change my Adoption Leave Curtailment notice.

**Adopter’s signature**

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