

Maternity Leave Application

This form is to be used for employees to tell us that you are going to go on maternity leave.

PART 1 – APPLICATION FOR LEAVE

To be completed by the employee

Section A – Personal Details

These questions must all be answered. Your personal reference number can be found on your payslip.

1. Surname
2. Forenames
3. Payroll Number
4. Position Held

Section B – Contact details

6. Home / personal address

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7. Work phone no.

8. Email address

Section C – Details of leave

Please enclose the MATB1 form, which your midwife or GP will have given to you.

The expected leave date (question 10) can be, at earliest, the start (Sunday) of the eleventh week prior to the expected week of confinement.

9. Expected birth date
10. Expected date of start of leave

If your plans to return to work following maternity leave are still provisional you may opt to be paid Statutory Maternity Pay / Maternity Allowance only during your maternity leave to avoid the possibility of repayment of money in excess of this later. If you do return to work for at least three months you will receive the balance of occupational maternity pay owing to you.

11. Do you wish to be paid SMP / Maternity Allowance only?

Yes – only SMP / MA

No – please pay occupational maternity pay too

Section D – Working Pattern

We need to know what days of the week you are working in order that we can calculate your leave entitlement correctly. In question 13, tell us the start date of this pattern (even if in the past). If your pattern changes before you go on leave, you must tell us.

12. Working pattern

Every weekday Monday-Friday
Specified below

Mon Tue Wed Thu Fri Sat Sun

13. Start date of this pattern (if known)

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Please sign overleaf...

Section E – Declaration

I apply for maternity leave, as set out above. Should I not return to work after my maternity leave or return for a period of less than three months, I agree to repay the Parish Council any pay I have received in excess of the Statutory Maternity Pay / Maternity Allowance in force at that time.

Signed _____ Date _____

This form should now be sent to the Parish Administrator.

PART 2 – INSTITUTIONAL ACKNOWLEDGEMENT

To be completed by the institution

The original form MATB1 is attached and I have retained a copy of it for my own records.

Signed _____ Name _____

Position _____ Date _____

Telephone _____

This form should now be sent to the Parish Administrator.

PART 3 – FOR HR USE

To be completed by the HR Division

If the answer to 14 is "No", issue an SMP1 form and state the reason in question 16.

14. Employee qualifies for SMP

Yes No

15. Latest return date

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16. Comments

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Signed _____ Name _____

Position _____ Date _____