APPLICATION FOR MATERNITY LEAVE FORM

**You are entitled to maternity leave regardless of your length of service or hours of work if you:**

1. **Submit the original copy of the maternity certificate (MAT B1 form) available from a registered doctor or midwife stating the expected date of childbirth to your Line Manager by the end of the 15th week before the expected week of childbirth (or as soon as possible) and;**
2. **Complete and submit this form to your Line Manager by the end of the 15th week before the expected week of childbirth (or as soon as possible).**

**If you do not complete and submit this form along with the original copy of the MAT B1 form within the required timescale, you may not be entitled to maternity leave.**

**1. PERSONAL DETAILS**

|  |  |
| --- | --- |
| **NAME (in full):** |  |
| **PAYROLL NUMBER:** |  |
| **HOME ADDRESS:** |  |
| **DIRECTORATE:** |  |
| **LOCATION:** |  |
| **JOB TITLE:** |  |
| **LINE MANAGER:** |  |
| **START DATE WITH ABERDEEN CITY COUNCIL\*:** |  |
| **PUBLIC AUTHORITY CONTINUOUS SERVICE \* START DATE:** |  |
| **EMPLOYMENT STATUS:** | **PERMANENT / FIXED TERM \*\*** |
| **ANNUAL SALARY:**  | **£** |
| **HOURS PER WEEK:** |  |
| **HOURLY RATE:** | **£** |
| **ESSENTIAL CAR USER:** | **YES / NO \*\*** |
| **SALARY SACRIFICE SCHEME MEMBER\*\*\*:** | **YES / NO \*\*** |
| **I INTEND TO LEAVE THE SALARY SACRIFICE SCHEME BEFORE STARTING MATERNITY LEAVE:** | **YES / NO / N/A \*\*\*** |

**\* For maternity pay purposes, continuous service means continuous service with Aberdeen City Council or a public authority as listed in the Redundancy Payments (Continuity of Employment in Local Government etc) (Modification) Orders (which covers local authorities and related bodies).**

**\*\* Delete as applicable**

**\*\*\* If you wish to opt out of a salary sacrifice scheme before going on maternity leave, you should do so by the 24th week before the expected week of childbirth. See the Maternity Guidance for further details.**

**2. NOTIFICATION**

I am pregnant and wish to apply for maternity leave. I attach Form MAT B1 from my doctor/midwife which gives my expected date of childbirth as:

**…................................................**

**3. START OF MATERNITY LEAVE PERIOD**

I intend to start my maternity leave period on (date):

**…....................................……….**

(Note: Your maternity leave can start at any time beginning with the 11th week before the expected week of childbirth. Maternity leave can start on any day of the week.)

1. **ARRANGEMENT FOR PAYMENT OF 12 WEEKS AT 50% OCCUPATIONAL MATERNITY PAY (please tick the appropriate box)**

This only applies to employees who have 26 weeks’ continuous service (see guidance for definition and further details) or more by the end of the 15th week before the expected week of childbirth.

|  |  |  |
| --- | --- | --- |
|  |  | Please **pay me** 12 weeks at 50% Occupational Maternity Pay. If I don’t return to work for a period of 12 completed calendar weeks at the end of my maternity leave, I understand that I will be required to pay back this money (repaid on a pro rata basis if I return for less than 12 completed calendar weeks). |
|  |
|  |  | Please **do not pay me** 12 weeks at 50% Occupational Maternity Pay. If I return to work for a period of 12 completed calendar weeks at the end of my maternity leave, I understand that I will be paid this money (paid on a pro rata basis if I return for less than 12 completed calendar weeks). |
|  |
|  |

1. **SIGNATURE**

I would like to apply for maternity leave in accordance with the information that I have provided.

Signed: …...............................…………............. Date: ….......................................

**Once completed and signed by the employee, this form should be sent to the HR Service Centre by the Line Manager.**

**HR SERVICE CENTRE USE** Information Verified Initials….......... Date:……..........

|  |  |  |  |
| --- | --- | --- | --- |
| **EWC**  | **QW** | **26th Week** | **11th Week** |
| **4th Week** | **OMP YES/NO** | **SMP YES / NO** | **Return to** **Work date** |

Letter sent to employee and copied to Payroll: Initials …..................... Date:…...........