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 no later than 21 days before maternity leave begins (or as soon as possible) and;**
2. **Complete and submit this form to your Line Manager no later than 21 days before maternity leave starts (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:** |  |
| **SERVICE/DIRECTORATE:** |  |
| **LOCATION:** |  |
| **JOB TITLE:** |  |
| **LINE MANAGER:** |  |
| **CONTINUOUS SERVICE START DATE\*:** |  |
| **EMPLOYMENT STATUS:** | **PERMANENT / FIXED TERM \*\*** |
| **ANNUAL SALARY:**  | **£** |
| **HOURS PER WEEK:** |  |
| **SALARY SACRIFICE SCHEME MEMBER\*\*\*:** | **YES / NO \*\*** |
| **I INTEND TO LEAVE THE SALARY SACRIFICE SCHEME BEFORE STARTING MATERNITY LEAVE:** | **YES / NO / N/A \*\*** |

**\* See section 3.4 of the Maternity Guidance for further information on continuous service.**

**\*\* 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. **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** | **SMP YES / NO** | **Return to Work date** |

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