

## Appendix 1

### Application for Maternity Leave and Pay

I wish to inform you that I am pregnant and of my intention to take maternity leave.

Employee Name:

Employee Number:

My expected date of child birth is:	
<p>My first day of maternity leave will be:</p> <p><i>Your maternity leave will start the day after your last day of work. Annual leave is considered a working day for maternity purposes. The earliest date you can start your leave is the beginning of the 11<sup>th</sup> week before your expected week of childbirth.</i></p>	
<p>My last day of maternity leave will be:</p> <p><i>You can change this date provided you give 8 weeks' notice in writing</i></p>	
<p>I intend to return to work after my maternity leave:</p> <p><i>If you are in receipt of OMP and do not return to work for a period of at least 12 weeks you will need to repay this</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have attached my MATB1 form:	<input type="checkbox"/> Yes <input type="checkbox"/> No
I wish to receive OMP if I am eligible to receive this:	<input type="checkbox"/> Yes <input type="checkbox"/> No
I wish to receive OMP:	<input type="checkbox"/> During Maternity Leave <b>OR</b> <input type="checkbox"/> As a lump sum when I return to work
<p>I have met with the employee and noted the above.</p> <p>I confirm that the annual leave entitlement is _____ days / hours <i>(delete as appropriate)</i></p> <p>I confirm that the annual leave taken to date is _____ days / hours <i>(delete as appropriate)</i></p> <p>Balance due to employee is _____ days / hours <i>(delete as appropriate)</i></p> <p>It is the employee's intention to take _____ days / hours <i>(delete as appropriate)</i> before the start of her maternity leave.</p> <p>It is the employee's intention to take _____ days / hours <i>(delete as appropriate)</i> at the end of her ordinary maternity leave. Remember, if employee is taking 52 weeks maternity leave, this will have an impact on her holiday entitlement. Please contact the HR Team for guidance.</p> <p>I confirm the amount of accrued flexi time is _____ days / hours <i>(delete as appropriate)</i></p> <p>It is the employee's intention to take _____ days / hours <i>(delete as appropriate)</i> before the start/end of her maternity leave.</p>	

***As annual leave cannot be carried forward into the next leave year remember to request all of your annual leave prior to going on maternity leave or immediately upon your return.***

Employee Signature:

Date:

Line Manager Signature:

Date:

*If you wish to change your dates of maternity leave you can do so by submitting another copy of this form 28 days before the new start date. Please tick here to confirm if you have previously submitted a copy of this form:  Yes  No*

*You must return this completed form with your MATB1 Form to the HR department by the **15th week before your EWC**. If the baby is born earlier than 15 weeks before your EWC you must send these documents in as soon as possible after the birth.*

*Payments can only be made when all of the required documentation is received by HR in the time periods specified in the policy.*