

**MATERNITY LEAVE
NOTIFICATION OF COMMENCEMENT OF MATERNITY LEAVE
COMBINED ORDINARY AND ADDITIONAL ENTITLEMENT**

This application must be submitted to your manager, together with Form MATB1, (for forward transmission to Employee Service Centre during week commencing *** **INSERT DATE***** (ie the 15th week before the week your baby is due).

Employee Details

Name		Employing Service	
Address		Employee No	
		Designation	
		Employment Location	

Maternity Details

My Expected Date of Childbirth is	
I enclose my certificate of pregnancy (Form MATB1) <i>MATB1 should be submitted no later than 15 weeks prior to due date – see date at top of form.</i>	<i>Please tick box to confirm enclosure.</i>

I wish to confirm that I intend to cease work temporarily due to pregnancy and wish to apply for maternity leave and pay.

I intend to commence my maternity leave of up to 52 weeks on _____.

As I have at least 26 weeks continuous service by the beginning of the 14th week before the Expected Week of Childbirth, I am eligible for occupational maternity pay and confirm that I intend to return to work for at least 3 months in accordance with the conditions of the Scheme. I understand that, if I do not return to work for at least 3 months, I will require to refund to the Council the amount of Occupational Maternity Pay paid to me for the 12 week period at five tenths pay. I also accept that the Council reserves the right to deduct this amount, in accordance with the Employment Rights Act 1996, from any monies due to me on leaving the Council.

Signed _____ Date _____