

**MATERNITY LEAVE
NOTIFICATION OF COMMENCEMENT OF MATERNITY LEAVE**

This application must be submitted to your line manager (for forward transmission to **Employee Service Centre**) during the week commencing **DATE** (i.e. the 15th week before the week your baby is due).

Employee Details

Name		Service	
Address		Employee No	
		Designation	
		Location	

Maternity Details

My Expected Date of Childbirth is:	
I enclose my certificate of pregnancy (Form MATB1):	

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

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

As I have less than 26 weeks continuous service by the beginning of the 14th week before the Expected Week of Childbirth I understand that, if I meet the qualifying conditions, I will receive statutory maternity pay.

I agree to the conditions of the Council's Maternity Provisions.

Signed _____ Date _____