|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Application for maternity leave and pay –** *Revised**January 2016* | | | | | |
| All pregnant employees, regardless of their length of service, have the right in law to take up to:   * 26 weeks' ordinary maternity leave, and * up to a further 26 weeks' additional maternity leave, and * to resume work afterwards so long as the duration of their contract allows them to do so.   An employee is therefore entitled to a total period of 52 weeks’ maternity leave. Additional maternity leave follows on immediately from the end of the period of ordinary maternity leave.  **Shared Parental Leave** – this enables a mother, having taken two weeks’ maternity leave, to choose to bring to an end her maternity leave, and share the remaining leave and pay with the other parent or her partner (including same sex partner) so long as they meet certain eligibility criteria. An employee will need to complete separate documents for any periods of shared parental leave they intend to take and these are available on the HR web pages or from the HR Department.  **Useful terms in this document**:  **Expected week of childbirth**: the week, starting on a Sunday, during which your doctor or midwife expects you to give birth  **KIT days** - Keeping In Touch Days are mutually agreed between you and your line manager, which enable an employee on maternity leave to come into work for up to 10 days without losing their statutory maternity pay  **MatB1**: the medical certificate issued to you by your midwife confirming the date your baby is due. It is issued around 11 weeks before your due date and the original is required by the University  **Qualifying week**: this is 15 weeks before your baby is due  **SMP**: Statutory Maternity Pay is paid for up to 39 weeks. Current rate is £139.58 (April 2015) and is reviewed annually.  Please complete the form as far as you are able and bring it along with you to the meeting organised with your ‘named’ HR Adviser. | | | | | |
| **Section One: Employee to complete:** | | | | | |
| 1 | Your Name:  Dept/Institute:  Current contract type:  Permanent / fixed term / other please specify | Job Title:  Line Manager’s name:  Current contracted weekly hours:  full /if part time please specify weekly hours | | | |
| 2 | I wish to provide the University with details of my maternity leave: | | | | |
|  | I confirm I am pregnant and expected date of childbirth as: | | | | Day/Month/Year |
|  | I enclose a medical certificate (form Mat B1) confirming my pregnancy and due date: | | | | Enclosed/to follow  please circle as appropriate |
|  | My maternity leave will commence on:  *Earliest start is 11 weeks before expected week of childbirth* | | | | Day/Month/Year |
|  | My maternity leave will end on:  *Longest period of maternity leave is 12 months* | | | | Day/Month/Year |
|  | I do not intend to return to work after childbirth and wish to resign on the grounds of maternity with effect from: | | | | Day/Month/Year |
| 3 | Annual leave: | | | | |
|  | I will take the following days/hours annual leave directly before my maternity leave commences: | Day/Month/Year to Day/Month/Year  Day/Month/Year to Day/Month/Year  Day/Month/Year to Day/Month/Year | | | |
|  | I will take the following days/hours annual leave directly following the end date of my maternity leave: | Day/Month/Year to Day/Month/Year  Day/Month/Year to Day/Month/Year  Day/Month/Year to Day/Month/Year | | | |
|  | Optional – 10 Keeping In Touch days - I have mutually agreed with my line manager to come into work on the following dates | Day/Month/Year & Day/Month/Year  Day/Month/Year & Day/Month/Year  Day/Month/Year & Day/Month/Year  Day/Month/Year & Day/Month/Year  Day/Month/Year & Day/Month/Year | | | |
| 4 | You will be compensated for Bank and/or fixed days of leave that fall during the period of your maternity leave; if you work part time this will be on a pro rata basis. | | | | |
|  | Please insert the dates of Bank and fixed days of leave that fall during this period:  Day/Month/Year ; Day/Month/Year ; Day/Month/Year ; Day/Month/Year ;  Day/Month/Year ; Day/Month/Year ; Day/Month/Year ; Day/Month/Year ;  I have agreed with my manager to take the following dates in compensation for this:  Day/Month/Year ; Day/Month/Year ; Day/Month/Year ; Day/Month/Year ;  Day/Month/Year ; Day/Month/Year ; Day/Month/Year ; Day/Month/Year ; | | | | |
| 5 | **Maternity Pay** – There are 3 options: Occupational, Statutory or Maternity Allowance pay. Please complete the appropriate option for you; an explanation of the qualifying requirements for each is provided. If you are not sure which to apply for please contact the HR Department for advice. | | | | |
| 5a | **Occupational maternity leave and pay – Option 1**  I confirm that I wish to apply for and satisfy/will satisfy the requirements for occupational maternity leave and pay:   * I will have 41 weeks service at the expected date of birth of my baby, and * Give a commitment to return to work following my maternity leave, and * I understand that if I do not return to work for at least 3 months I will be required to repay the occupational element of any maternity pay I have received * I have provided the University with the required notice of my pregnancy – *no later than 15 weeks before your baby is due* | | | | |
|  | I intend to take the following occupational maternity leave and pay:   * 4 weeks at full pay; followed by * 2 weeks at 90% of full pay; followed by * 20 weeks at 50% of full pay plus Statutory Maternity Pay; followed by * 13 weeks paid at Statutory M Pay * 13 weeks unpaid leave | | *Please insert dates against the relevant periods of leave below:*  Day/Month/Year to Day/Month/Year  Day/Month/Year to Day/Month/Year  Day/Month/Year to Day/Month/Year  Day/Month/Year to Day/Month/Year  Day/Month/Year to Day/Month/Year | | |
| 5b | **Statutory maternity leave and pay – Option 2**  I confirm that I wish to apply for and satisfy/will satisfy the requirements for statutory maternity leave and pay:   * I will have been employed by the University for at least 26 weeks at the end of the qualifying week, which is 15 weeks before the expected date my baby is due; * I meet the lower earnings limit for NI contributions requirements (details available from the Payroll Manager in Finance) * I have provided the University with the required notice of my pregnancy – *no later than 15 weeks before your baby is due* | | | | |
|  | I intend to take the following statutory maternity leave and pay:   * First 6 weeks is paid at higher rate SMP equivalent to 90% of employee’s average wkly earnings calculated over period of 8 wks up to & including the qualifying week * 33 weeks is paid at Standard rate of SMP * 13 weeks unpaid leave | | *Please insert dates against the relevant periods of below:*  Day/Month/Year to Day/Month/Year  Day/Month/Year to Day/Month/Year  Day/Month/Year to Day/Month/Year | | |
| 5c | **Maternity Allowance – Option 3**  I confirm that I do not meet the requirements for either of the above schemes and will be applying for maternity allowance. Please note that if you are also employed by another organisation that is paying your statutory maternity pay you will not be able to claim maternity allowance in respect of this employment.  *Tick the box if you will be applying for maternity allowance* 🞎 | | | | |
| 6  **Confirmation ,** *please tick boxes as appropriate*   * I confirm I have discussed these arrangements with my line manager 🞎 * I confirm I would like a mentor on my return to work following my   maternity leave and will discuss this with my manager 🞎  **Employee’s Signature Date:** Day/Month/Year | | | | | |
| Section Two: HR to Complete | | | | | |
|  | Named HR Adviser | | |  | |
|  | Risk Assessment Completed | | |  | |
|  | Completed form received | | |  | |
|  | Draft letter sent to employee | | |  | |
|  | Letter agreed and issued | | |  | |
|  | Copies to Payroll and Line Manager Issued | | |  | |
|  | Recruitment Team advised | | |  | |
|  |  | | |  | |
|  |  | | |  | |
|  |  | | |  | |
|  |  | | |  | |