

APPLICATION FOR MATERNITY LEAVE

EMPLOYEES WITH LESS THAN 12 MONTHS SERVICE AT EXPECTED WEEK OF CHILDBIRTH

Name.....

School/Discipline/Directorate.....

Start Date

Section 1. Employees intending to return to work

I hereby apply for maternity leave and statutory maternity pay.

My expected date of childbirth is

I intend to commence maternity leave on

I propose to return to work on

I enclose my certificate of confinement (Form MatB1)

I understand that as I have less than 12 months service I am not eligible for the University's occupational maternity pay.

I undertake to confirm in writing my intention to return to employment at least 8 weeks before the proposed date indicated on this form.

Signed Date

Section 2. Employees not intending to return to work

I hereby apply for maternity leave and statutory maternity pay.

My expected date of childbirth is

I intend to commence maternity leave on

I enclose my certificate of confinement (Form MatB1)

I understand that as I have less than 12 months service I am not eligible for the University's occupational maternity pay.

I understand that as I have indicated that I will not be returning to work following my maternity leave my employment with the University will be terminated on the date of the last payment of statutory maternity pay.

Signed Date.....