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# APPLICATION FOR MATERNITY LEAVE – MATFO1

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| **Full Name** |  |
| **Employee Number (Shown on your payslip)** |  |
| **Address** |  |
| **Place of work** |  |
| **Post held** |  |
| **Contact number** |  |
| **Date of recognised continuous service** |  |
| **Expected date of childbirth (EWC)**  **(Shown on your MATB1 certificate)** |  |
| **Date you intend to commence Maternity Leave** *N.B The earliest date you can start your maternity leave is the beginning of the 11th week before your EWC* |  |
| **Do you intend to return to work at the end of your Maternity Leave?** | **YES / NO (Delete as appropriate)** |
|
| **Date you plan to return from maternity leave**  *N.B The earliest date you can return from maternity leave is two weeks following the day baby is born.* |  |
| **Do you wish to take Additional Maternity Leave?** | **YES / NO (Delete as appropriate)** |
| **FOR SUPPORT STAFF**  **Do you intend to take annual leave before/following your maternity leave** | **YES / NO (Delete as appropriate)** |
| **If so, how many days** |  |
| **I wish to apply for my entitlement to 52 weeks of Maternity Leave together with associated payments**  **(if eligible).** | **YES / NO (Delete as appropriate)** |
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| **STATUTORY MATERNITY PAY  I have 26 weeks service by the 15th week before the expected week of childbirth (qualifying week);**  **and have average earnings above the prescribed threshold (please refer to guidance notes on eligibility)** | **YES / NO (Delete as appropriate)** |
| **I do not meet the required eligibility criteria to receive SMP. Please provide an SMP1 form so that I can apply for Maternity Allowance from the Benefits Agency** | **YES / NO (Delete as appropriate)** |
| **OCCUPATIONAL MATERNITY PAY  OPTION 1:**  **I have one years’ service or more at the 11th week before the EWC then in accordance with the Occupational Maternity Scheme, I am also entitled to 12 weeks at half a week’s pay without deduction except by the extent to which the combined pay and SMP**  **(or MA and any dependents allowances if I am not eligible for SMP) exceeds full pay. I am entitled to this payment only if I intend returning to work for a period of 13 weeks following Maternity Leave** | **YES / NO (Delete as appropriate)** |
| **I do not intend to return to work following my paid period of ordinary maternity leave and will terminate my employment with the Trust on the:** | **YES / NO (Delete as appropriate)**    **DATE:** |
| **I intend to return to work following my period of maternity leave and wish to claim my entitlement to 12 weeks at half pay. My preferred choice for receiving this payment is as follows:** | ***Please select only ONE from the below options.*** |
| 1. **To receive half pay for weeks 7 – 18 of my maternity leave period** | **YES / NO (Delete as appropriate)** |
| 1. **To be divided equally over 33 weeks following the 6 weeks at the higher rate of SMP.** | **YES / NO (Delete as appropriate)** |
| 1. **To be paid in full on my return to work following my maternity leave period** | **YES / NO (Delete as appropriate)** |
| **I understand that if I fail to resume duties for at least 13 weeks following my period of maternity leave and I have received the 12 weeks at half pay (or equivalent) then I will have to refund this amount to the Trust.** | |
| **OPTION 2:**  **I do not have one years’ service or more at the 11th week before the EWC and therefore I am claiming Statutory Maternity Pay only** | **YES / NO (Delete as appropriate)** |
| **Are you and your partner interested in taking**  **Shared Parental Leave?** | **YES / NO (Delete as appropriate)** |
| **Please note this parental leave declaration is not binding and is for early discussion**  **and information purposes only.** | |

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| **Authorisation** | | | |
| **Employee’s Signature** |  | **Date** |  |
| **Manager’s Name** |  | | |
| **Manager’s Signature** |  | **Date** |  |

* **Employee must attach original MATB1 to this form.**
* **Once completed this MATFO1 form must be returned to Ann Daly, HR Officer:** [**ada@bebcmat.co.uk**](mailto:ada@bebcmat.co.uk)
* **Managers should complete a risk assessment form and provide a copy for the employee as soon as informed by the employee of their pregnancy.**