|  |  |
| --- | --- |
| **Staff Details** |  |
|  |  |  |  |  |  |
| Surname |  | First Name(s) |  | Title |  |  |
|  |  |  |  |  |  |
| Job title |  |  |
|  |  |  |  |  |  |
| School/Dept |  |  |
|  |  |  |  |  |  |
| Line Manager |  |  |
|  |  |  |  |  |  |
| Home Address¹ |  |  |
|  |  |  |  |
|  |  |  |  |
| Postcode |  |  |  |
|  |  |  |  |  |  |
| Phone (work) |  | Phone (home) |  |  |
|  |  |  |
| *¹Please inform your Head of Department (HoD)/Line Manager and the HR Operational Services team / HR department Tanglewood (for staff in the Gulbenkian and Hospitality) if your contact details change during your maternity leave* |
| **I wish to inform you that I am pregnant and intend to take maternity leave as follows:** |  |
|  |  |  |  |  |  |
| Expected week of childbirth (EWC) |  |  |
|  |  |  |  |  |
| Expected date maternity leave period to commence² |  |  |
|  |  |  |  |  |  |
| Expected return to work date³ |  |  |
|  |  |  |
| *²Your maternity leave cannot being prior to the 11th week before EWC**³If, during your maternity leave, you change your mind about when you intend to return to work, you must give* ***at least 8 weeks’ notice*** *of your new intended date to return* |  |
| **Paid annual leave to be taken before and after maternity leave** *(in agreement with your line manager)* |  |
|  |  |  |  |  |  |
| Before maternity leave4: | From |  | To |  |  |
|  |  |  |  |  |
| After maternity leave: | From |  | To |  |  |
|  |  |  |
| *4It is recommended staff take any outstanding annual leave accrued prior to their maternity leave, before their maternity leave starts.* |
|  |
|  |
| **Which maternity scheme applies to you?***(Eligibility is explained in the Maternity Leave & Pay Appendix Two – Staff Guide)* |  |
|  |  |  |  |  |  |
| **Contractual Maternity Pay:** |
|  |  |  |  |  |  |
|[ ]  Option 1: |  |
|  |  |  |  |  |  |
|  | 8 weeks @ full pay |[ ]  or state number of weeks you wish to take (min 2) |  |  |
|  |  |  |  |  |  |
|  | 16 weeks @ half pay *(plus SMP flat rate5)* |[ ]  or state number of weeks you wish to take |  |  |
|  |  |  |  |  |  |
|  | 15 weeks @ SMP flat rate |[ ]  or state number of weeks you wish to take  |  |  |
|  |  |  |  |  |  |
|  | 13 weeks unpaid leave |[ ]  or state number of weeks you wish to take  |  |  |
|  |  |  |  |  |  |
| **OR** |  |  |  |  |
|[ ]  Option 2: |  |
|  |  |  |  |  |  |
|  | 16 weeks @ full pay |[ ]  or state number of weeks you wish to take  |  |  |
|  |  |  |  |  |  |
|  | 23 weeks @ SMP flat rate |[ ]  or state number of weeks you wish to take |  |  |
|  |  |  |  |  |  |
|  | 13 weeks unpaid leave |[ ]  Or state number of weeks you wish to take  |  |  |
|  |  |  |  |  |  |
| 6 *No combination of payments will exceed full pay* |
|  |  |  |  |  |  |
|[ ]  **Statutory Maternity Pay** |  |
|  |  |  |  |  |  |
|  | 6 weeks @ 90% pay |[ ]  or state number of weeks you wish to take (min 2) |  |  |
|  |  |  |  |  |  |
|  | 33 weeks @ SMP flat rate |[ ]  or state number of weeks you wish to take |  |  |
|  |  |  |  |  |  |
|  | 13 weeks @ unpaid leave *(if returning to work)* |[ ]  or state number of weeks you wish to take  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|[ ]  **Maternity Allowance** |  |
|  |  |  |  |  |  |
| (No entitlement to Contractual or Statutory Maternity Pay). Please speak to the HR Operational Services team for further information if you do not believe you qualify for Contractual or Statutory Maternity Pay |
|  |
| **Please tick the following as applicable:** |  |
|  |  |  |  |  |  |
|[ ]  I confirm that I am pregnant and wish to apply for the benefits to which I may be entitled |  |
|  |  |  |  |  |  |
|[ ]  I have received a completed Expectant/New Mother Risk Assessment for from my HoD/line manager *(copies of the form and guidance notes can be obtained from the HR website. Your HoD/line manager should retain the original form and a copy should be sent to Occupational Health, marked Private & Confidential, if a health issue is identified)*. |  |
|  |  |  |  |  |  |
|[ ]  I intend to work beyond the start of the 4th week before my EWC and I will ensure my line manager is aware they need to complete a further risk assessment prior to the 4th week before my EWC and I will discuss this with my midwife/GP. |  |
|  |  |  |  |  |  |
|[ ]  I will discuss the option of a maximum of 10 ‘keeping in touch days’ with my HoD/line manager. |  |
|  |  |  |  |  |  |
|[ ]  I state my intention to retain my right to return to work following my maternity leave. |  |
|  |  |  |  |  |  |
|[ ]  If I wish to return to work earlier than my confirmed return date, I agree to inform Human Resources at least **8 weeks** before the earlier return date. If I wish to return after my confirmed return date I will give at least **8 weeks’ notice** in writing, prior to my confirmed date. |  |
|  |  |  |  |  |  |
|[ ]  I am unsure at this time as to whether or not I will return to work following my maternity leave. |  |
|  |  |  |  |  |  |
|[ ]  I do not intend to return to work after my maternity leave and therefore confirm I resign from my employment with the University. I will provide a resignation letter to my department (copied to Human Resources). My last day of work will be the day prior to the commencement of my maternity leave *(you will still be entitled to Statutory Maternity Pay as long as you have 26 weeks service prior to your 15th week before EWC)*. |  |
|  |  |  |  |  |  |
| **If you require any information regarding pensions contributions (USS/SAUL) during your maternity leave, please contact the Pensions team directly.** |
| **Declaration** |  |
| **I have read and understood the Maternity Leave & Pay Policy & Procedure and I agree to the following:** |
|  |  |  |  |  |
|  |  |  |  |  |  |
| a) | I will respond within the required timescales to all University correspondence regarding my maternity leave or I may, subject to my contract of employment, forfeit my right to return to work. |  |
|  |  |  |  |  |  |
|  |  |  |
|  |  |  |  |  |  |
| b) | I enclose/have already provided my MAT B1 certificate, issued by my midwife/GP confirming my EWC *(please delete as appropriate)*. |  |
|  |  |  |  |  |  |
| Signed |  | Date |  |  |
|  |  |  |  |  |
|  |
| **Line Manager declaration** |  |
| **I can confirm that my member of staff has provided me with a copy of this form; I am aware of the maternity leave dates and agree to any additional paid annual leave requested.** |
|  |  |  |  |  |
| Signed |  | Date |  |  |
|  |  |  |  |  |
| Name |  | Job title |  |  |
|  |  |  |  |  |
| **To Note:** * To qualify for maternity leave and pay you must complete and return this form (after getting your HoD/line manager to sign the form) to the either the HR Operational Services team or (for staff in the Gulbenkian and Hospitality), the HR department, Tanglewood, no later than the 15th week prior to your EWC, or as soon as practically possible
* If your maternity certificate (MAT B1) is not available at this stage, please send it directly to the HR Operational Services team as soon as it is available, to enable us to determine your entitlement.
* All details of your maternity leave and, if applicable, pay will be confirmed in writing by the HR Operational Services team within 28 days
* Please contact the HR Operational Services team as soon as possible, should your anticipated dates change.
 |
| ***HR use only:*** |  |
|  |
| ***HR Ops:*** | *Date received* |  | *Date Actioned* |  | *Signed* |  |  |
|  |