### **Appendix A**

**APPLICATION FOR MATERNITY LEAVE**

Please complete details as requested and return your application to your Federation HR, together with your original MAT B1. If you require assistance with the completion of this form, please do not hesitate to contact FSU HR. Please ensure your manager has signed this form before submission.

|  |  |
| --- | --- |
| **NAME** |  |
| **FEDERATION** |  |
| **DAYTIME TELEPHONE NUMBER** |  |
| **PERSOANL EMAIL ADDRESS** |  |
| **JOB TITLE** |  |
| **START DATE WITH FEDERATION** |  |

Please provide dates and details of employment with another HSC/Federation/GP Practice employer if you wish these to be considered as reckonable service for consideration for entitlement to Federation Occupational Maternity Pay. Please contact HR for further information.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My expected date of childbirth (EDC) is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mat B1 Form/Statement from registered G.P./Midwife enclosed **Yes/No**

*If no, please forward this to you FSU as soon as possible. Your signature is also required below. See additional notes overleaf.*

**Maternity Leave Dates**

I intend to start my maternity leave on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Additional Unpaid Maternity Leave

Intended date of return to work if before the end of the 52 weeks and already known.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

It will be assumed that you intend to take the full 52 weeks leave unless you advise your Line Manager and FSU HR otherwise as above.

Please note that if you intend to return to work before 52 weeks has expired or before your agreed return date, you must advise your line manager and FSU HR in writing at least 8 weeks before your expected return to work.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Employee)

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Manager)

**Notes:**

Eligibility for Statutory Maternity Pay and occupational Maternity Pay will be determined upon receipt of this form and MAT B1

See Section 9 of the Maternity Policy & procedure for full details of Maternity Pay eligibility and entitlements.