# *This template document is issued by the Connexional Team and may be used and amended by the Districts/ Circuits and Churches to suit their particular local circumstances. Text in BLUE font should be adjusted.*

MATERNITY LEAVE FORM (Template)

Please complete and return to your line manager with MATB1 certificate by the beginning of the 15th week before the expected week of childbirth or as soon as it is reasonably practical to do so.

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname:** |  | | |
| **Forenames:** |  | | |
| **Home Address:**  **Telephone no.:**  **Email Address:** |  | | |
|  | | |
|  | | |
| **Start Date:** |  | | |
| **Hours worked:** |  | **Working Pattern:** |  |
| **Job Title/Church/Circuit/ District:** |  | | |
| **Line Manager’s Name** |  | | |
| **Line Manager’s Job Title/email/tel** |  | | |
| **Expected date of childbirth:** | (as stated on MATB1) | | |
| **Date you intend to commence maternity leave:** |  | | |

All employees are entitled to a period of up to 52 weeks maternity leave (39 weeks with maternity pay, subject to certain criteria, see below.)

|  |  |
| --- | --- |
| **NOTE:**  If you have less than 26 weeks service by the end of the 15th week before the expected week of childbirth and/or earn less than the Lower Earning Limit, you will not be eligible for maternity pay. You may be able to claim maternity allowance from your local Benefits Agency Office. Contact your line manager for more details. |  |

|  |  |
| --- | --- |
| **Please tick one of the following statements regarding your maternity leave**. | |
| I wish to apply for 26 weeks maternity leave with maternity pay. I understand that I need to give 8 weeks’ written notice to my line manager, if I wish to return early from maternity leave. |  |
| I wish to apply for up to 52 weeks maternity leave (39 weeks with maternity pay). I understand that I need to give 8 weeks’ written notice to my line manager, if I wish to return early from maternity leave. |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Lay Employee’s Signature:** |  | | **Date:** |  |
| FOR INTERNAL USE ONLY | | | | | |
| **Date Received by Line Manager: -** | |  | | | |
| **Employee Qualifies for SMP:** | | **Yes** | **No** | | |
| **Latest Return Date:** | |  | | | |
| **Comments:** | |  |  | | |

|  |  |
| --- | --- |
| Actioned by: |  |
| Job title: |  |
| Date: |  |