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| **Please note that this form needs to be returned to School Office either on or before your qualifying week (15th week before your EWC) along with your original MATB1 certificate or your line manager if not based in a school. (If your MATB1 certificate is not available at this time please forward as soon as you receive it.)** | | | | | |
| **Name:** |  | | **Payroll No:** | |  |
| **Address:** |  | | **Job Title:** | |  |
| **Headteacher/Director:** | |  |
| **Location/School:** | |  |
| **Home Tel No:** |  | | **Work Tel No:** | |  |
| **Home Email:** |  | | **Work Email:** | |  |
| I hereby apply for Maternity Leave under my contract of employment, and confirm that my expected date of confinement is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_ | | | | | |
| **Employees Who Qualify to Receive Occupational/Statutory Maternity Pay:** | | | | | |
| * **Option 1\* ‘Definitely returning to employment within Reach South.** * I wish to absent myself from duty from \_\_\_\_\_/\_\_\_\_\_/20\_\_\_ for a period of \_\_\_\_\_\_ weeks, to return no later than \_\_\_\_\_/\_\_\_\_\_/20\_\_\_ * I agree to return to work for Reach South for a minimum period of three months after expiry of this leave. * Should I wish to take the full 52 weeks, I accept that Reach South will assume I am taking my full entitlement to 52 weeks leave (39 weeks paid and 13 weeks unpaid). * I understand that if I wish to return before the date above I must write to Reach South and give 8 weeks’ notice. | | | | | |
| * **Option 2\* - ‘In doubt”** * I wish to absent myself from duty from \_\_\_\_\_/\_\_\_\_\_/20\_\_\_ but I am in doubt about my precise intentions and would therefore like to hold open the opportunity to return to work following confinement. I therefore agree to receive SMP only. However, if I should return to work for the required three-month period, I will be entitled to the balance of maternity pay due. * I accept that Reach South will assume I am taking my full entitlement to 52 weeks leave (39 weeks paid and 13 weeks unpaid). * I understand that if I wish to return before this time I must write to Reach South and give 8 weeks’ notice. * If I do not intend on returning to work I will tender my resignation in line with my contract of employment and the required notice period. | | | | | |
| **Employees Who Do Not Qualify for Occupational/Statutory Maternity Pay:** | | | | | |
| * **Option 3 – Employees with less than 26 weeks’ service:** * I wish to absent myself from duty from \_\_\_\_\_/\_\_\_\_\_/20\_\_\_ for a period of \_\_\_ weeks, to return no later than \_\_\_\_\_/\_\_\_\_\_/20\_\_\_ * Should I choose to take 52 weeks leave, I accept that Reach South will assume I am taking my full entitlement to 52 weeks leave. * I understand that if I wish to return before the date above I must write to Reach South and give 8 weeks’ notice. * I accept that I am not entitled to either SMP or OMP and may receive Maternity Allowance directly for Job Centre Plus. Payroll will send me a SMP1 form, which I will be required to send to Job Centre Plus along with the original of my MATB1, which they will return to me. They will inform me if I am entitled to receive Maternity Allowance. * If I do not intend on returning to work I will tender my resignation in line with my contract of employment. | | | | | |
| **Please Note:** The Congenital Disabilities (Civil Liability) Act 1976 bestows a right of action to sue for damages upon an informant who has suffered damage before birth. Pregnant women are strongly advised to consult their GP to ensure that they are capable to continuing their duties at work without harming the baby, particularly if the duties involve driving or handling dangerous substances. If the GP is concerned about continuance of some or all of the duties Reach South must be informed in writing. In this respect, if Reach South is not aware of the situation and circumstances then liability for damage to the unborn child may be limited. | | | | | |
|  | | **Employee** | | **Headteacher/Director** | |
| **Signed:** | |  | |  | |
| **Name:** | |  | |  | |
| **Date:** | |  | |  | |