

APPENDIX B: APPLICATION FOR MATERNITY LEAVE

Please complete this form and ask your line manager to approve it. Send the completed form along with your “original” MATB1 to HR. They will send you an email inviting you to a maternity meeting. Please familiarise yourself with the relevant AFC or MHRA maternity leave policy which is available on the HR pages on INsite.

Your name:	
Job title and division:	
Your staff number:	
Your telephone number:	
Your email address:	
Your manager’s name:	

Pregnancy details (Please complete all fields)

I wish to apply for maternity leave beginning on (date)	
I expect the week of childbirth to be the week beginning (date)	

Form MATB1 attached Yes: No: To follow:

Maternity details (Tick as appropriate)

I intend to take only the first 26 weeks Maternity Leave (OML)

I intend to take the full 52 weeks maternity leave (OML + AML)

Other (e.g. returning earlier than 52 weeks) please specify:

Note: You may return to work before the end of your maternity leave period of 52 weeks (apart from the two weeks following the birth). This is however subject to you giving a minimum of eight weeks written notice of the day you intend to return to work

I intend to take outstanding annual leave prior to my Maternity Leave:

Yes: No: To follow:

How many days annual leave do you wish to take	
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My last day at work will be	
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Return to work details

I intend to return to work following my maternity leave: Yes: No:

I intend to return to work on the following date	
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I intend to return to work on a date to be advised: Yes:

I agree to HR giving my line manager my contact details for purposes of Keep in Touch whilst I am on maternity leave: Yes: No:

Address	
Contact number	
Email address	

Add any comments as appropriate:

Comments	
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Please tick the appropriate boxes and sign the form:

I have completed this form to the best of my knowledge and fully understand the following:

I understand that I must give at least 8 weeks written notice of the date I propose to return.

I understand I must return and complete the equivalent of one calendar month paid service at MHRA - NIBSC

I understand I must return and complete the equivalent of three calendar month paid service NIBSC - AFC)

I would like my excess fares payment to stop as I am going on Maternity Leave

I agree to repay, (if asked to do so) any salary or wages paid to me in respect of the period of maternity leave, less the amount of any statutory maternity pay to which I am entitled to if I do not return to work within 52 weeks from the start of my maternity

Signed:	
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Date:

For Human Resources purposes only

Maternity meeting held

Yes:

No:

Letter sent to employee confirming maternity leave

Yes:

No:

Original MATB1 and Application form sent to payroll

Yes:

No:

Excess Fares checked on Epayfact

Yes:

No:

Payroll

Any additional comments