##

### Human Resources

## MATERNITY LEAVE NOTIFICATION FORM

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| **Name:** | Employee number: |

### Please confirm the details of your Maternity Leave as follows:

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| Last Working Day prior to Maternity Leave: |  |
| Annual Leave to be taken immediately prior to Maternity Leave: |  |
| **START DATE OF MATERNITY LEAVE:** |  |
| **Are you a Reporting Manager to other employees?** | YES | NO |
| If yes, the name of the Reporting Manager during your Maternity Leave: |  |

Even after completing this form, you can change the start date of your Maternity Leave, provided that you give us at least 4 weeks’ written notice of any change – by completing a new copy of this form.

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| Do you currently intend to return to work at the University following your Maternity Leave? | Yes / No |
| If eligible for Occupational Maternity Pay, do you wish your OMP to be paid during your Maternity Leave, or deferred until your return to work (see Maternity Policy for further details)? | Paid During / Deferred |
| Please tick any Salary Sacrifice Schemes you participate in: | Cycle to work |  |
| Lease car |  |
| Childcare+ |  |
| Bus+ |  |

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| --- | --- |
| Expected Date of Return from Maternity Leave: |  |
| Annual Leave to be taken immediately after Maternity Leave: |  |
| First Working Day after Maternity Leave: |  |

*If you leave the Expected Date of Return blank then we will assume that you intend to take your full 52 weeks of Maternity Leave. Even after completing this form, you can still change your mind regarding your return date, provided that you give at least 8 weeks’ written notice of your intentions. Filling in an expected return date on this form does not in any way affect your right to take your full entitlement to Maternity Leave.*

*I confirm that I have read the University’s Maternity Policy and that I will be taking Maternity Leave as set out above. Should any of the above dates change I will give appropriate written notice to the University, as set out in the Maternity Policy.*

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| Signed: | Date: |