

Application for Statutory/Occupational Maternity Leave/Pay

This form needs to be completed and sent to Human Resources before the fifteenth week before the expected week of childbirth

Name:	
Department/School:	
Line Manager:	

Please answer the following questions:

What is the expected week of childbirth?	
A MAT B1 certificate confirming this:	
(a) Is enclosed with this form	() tick
(b) Will be given to you at least 28 days before I wish to start my leave	() tick
When do you intend to start your maternity leave?	

Employee Signature:		Date:
Line Manager Signature:		Date:

Please return your completed form to Human Resources who will acknowledge receipt of your application and inform you of your entitlement(s).