

# MATERNITY STATEMENT - CONFIDENTIAL

**THIS STATEMENT MUST BE LODGED WITH THE HR OFFICE NO LATER THAN 15 WEEKS BEFORE THE EXPECTED WEEK OF CHILDBIRTH; THIS IS WHAT IS KNOWN AS THE “QUALIFYING WEEK”.**

*You should refer to the Supporting Family Life Policy and Maternity Procedures before completing this form.*

I enclose a Medical Certificate (MAT B1) confirming that I am pregnant and give notice that:

**\* I wish/do not wish** to return to work with the University at the end of my maternity leave.

*\* Delete as appropriate*

***Please note that we require your original MAT B1; a photocopy is not sufficient.***

Please accept this notification as an application for maternity leave. I will commence my maternity leave on

…........... / ……..….... /…………..., as agreed with my line manager.

**Maternity Pay Entitlement**

*Please tick your entitlement level and pay option:*

**I am not eligible to receive Statutory Maternity Pay (SMP)**

**Option 1 -** 8 weeks full pay, 18 weeks half pay, 26 weeks unpaid leave.

**Option 2 -** 17 weeks full pay, followed by 35 weeks unpaid leave.

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**I am eligible to receive Statutory Maternity Pay (SMP)**

**Option 1 -** 8 weeks full pay, 18 weeks half pay plus SMP, followed by 13 weeks SMP only, followed by 13 weeks unpaid leave.

**Option 2 -** 17 weeks full pay, followed by 22 weeks SMP only, followed by 13 weeks unpaid leave.

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***Please complete only if you intend to return to work:***

I intend to return to work on ……./……./….....

*If left blank, it is assumed that maternity leave will be 52 weeks in total [26 weeks of Ordinary Maternity Leave and 26 weeks of Additional Maternity Leave].*

*If you wish to change your return date, 8 weeks notice is required.*

Print Name ……………………………………………

Signed ……………………………………………...

Date .................................

School/Directorate ..............................................................................................

Please contact HR if you have any questions or concerns.

