**Application for Maternity Leave - Teaching**

To be completed by all pregnant employees and sent to HRSS by the end of the 15th week before the EWC. Before completing this form you should read carefully the information contained in Section B of the Family Friendly Policy, please contact HRSS should you have any queries.

|  |  |
| --- | --- |
| Full Name: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Home Address: |  | | |
|  | | |
| Post Code: | Home Email: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Home Tel No: |  | Work Tel No: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Employee No : |  | School / Location : |  |

|  |  |
| --- | --- |
| Name of Line Manager or Head Teacher |  |
| Line Manager informed | Yes/No (Please delete as appropriate)  If no please do so as soon as possible. |

|  |  |
| --- | --- |
| 1. | Doctor / Midwife’s certificate (MatB1) □ Attached □ To Follow |

*If not attached, please submit form MatB1 as soon as possible after the 14th week before the Expected Week of Childbirth. Failure to do so could delay your maternity pay arrangements.*

|  |  |  |  |
| --- | --- | --- | --- |
| 2. | “My expected week of childbirth starts on Sunday” | Date: | / / |

|  |  |  |  |
| --- | --- | --- | --- |
| 3. | “I wish to start my Maternity Leave on ” | Date: | / / |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 4 | Signature |  | Date: | / / |

**SHARED PARENTAL LEAVE**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Do you intend to take Shared Parental Leave? |  | Yes □  No □ |

**Please ensure a copy of this completed form is sent immediately to:**

**HRSS, Old School Building, Newtown St Boswells.**

**E-mail: personnel@scotborders.gov.uk**