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| **APPLICATION FOR MATERNITY LEAVE – SJC/ Chief Officers/ Councillors** |

To be completed by all pregnant employees and elected members 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.

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

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| Employee No: |  | Department: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Line Manager  Name: |  | Line Manager  Extension No: |  |

|  |  |
| --- | --- |
| Line Manager  Informed | Yes/No (Please delete as appropriate)  If no please do so as soon as possible. |

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

*If not attached, please submit form Mat B1 as soon as possible after the 14th week before the Expected Week of Childbirth. Failure to do so could delay your maternity pay arrangements.*

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

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

**OCCUPATIONAL MATERNITY PAY (OMP)**

Should you be entitled to receive 12 weeks at half of a week’s contractual pay, you may choose whether or not to receive this payment during your Ordinary Maternity Leave period.

If you choose to receive the payment you will be required to repay the sums received if you do not comply with the undernoted conditions. Please sign below to demonstrate your understanding of this and indicate your preference.

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| --- | --- | --- | --- |
| **OPTION 1 - OMP** | “I wish to receive 12 weeks at half of a week’s contractual pay on my normal pay dates. I understand that if I do not return to work and remain at SBC for at least 3 months after my Maternity Leave, I must repay the full amount received less tax, etc.”. | | |
| Signed: |  | Date: | / / |

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| **OPTION 2 - OMP** | “I do not wish to receive 12 weeks at half of a week’s contractual pay during my Maternity Leave. I understand that if I return to work the sum due will be paid to me in a lump sum. I also understand that if I do not remain at SBC for at least 3 months after my return, I must repay the full amount received.” | | |
| Signed: |  | 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**