Please read the College’s Maternity Leave Guide, and discuss your situation with the HR Department before completing this form. Correct completion of this form will help to protect your entitlement to maternity leave and pay, as well as your right to return to work.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Job Title |  |
| Line Manager |  | Department |  |
| Date Baby due |  | Proposed Maternity Start Date |  |

**Please tick the statements which apply to you:**

I confirm that I am pregnant

I confirm that I have informed my line manager of my pregnancy

I confirm that I wish to retain my right to return to work

I am certain that I will not be returning to work after my maternity leave

I have enclosed with this form my original MATB1 Certificate (photocopies will not be accepted)

I have not yet received my MATB1 certificate but will send it to HR as soon as I receive it. (SMP cannot be paid without receipt of this certificate)

**Declaration:**

I have read the College’s Maternity Leave Guide, and I agree to the following:

1. I will reply to all correspondence from the College within the required time. I understand that I may lose my right to return to work if I do not do so.
2. I understand that the Occupational Maternity Pay is paid on the condition that I return to work for at least 3 months. I agree to repay this money if I do not return to work for 3 months. I also agree that the College may recover any monies due from any other payments owed to me (e.g.: for unused annual leave)
3. I will give the College at least 8 weeks’ notice if I intend to change my return to work date
4. The personal/external email address I can be contacted at is:

|  |  |
| --- | --- |
| Personal/(Non RVC) email address: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |

Please return this form to HR before the 15th week before the expected date of childbirth.