



Maternity Leave Notification Form

To: Pay Office From: _____ department

Name: _____ Pay no. _____

TRENT Position name & Reference _____

Normal hours / week _____ Increment Date: _____

Expected date of childbirth _____

Date maternity leave commences _____

MATB1 enclosed Yes No

If maternity certificate is not enclosed please forward as soon as possible

Returning to work Yes No

Expected date of return to work _____

If not returning a "New Starter Details/Amendment to Employee Details" form must also be forwarded

Employee Declaration (* delete as appropriate)

I, the undersigned, hereby certify that I expect to give birth on the date shown above. I have handed my original maternity certificate to my employing department. I apply for any maternity leave and / or maternity pay to which I may be due. I do / do not* intend to return to work after the birth of my child.

The following to be completed by Local Government Pension Scheme members only:-

If my election is not to return to work, I shall pay pension contributions on any maternity pay due to me.

If returning to work I shall pay pension contributions on the rate of maternity pay due for the period of **paid** leave, thereafter (for the period of unpaid leave I elect to:-

- (a) continue contributions, based on Statutory maternity Pay*;
- (b) cease payment of contributions*;
- (c) decide on my return to work*.

Signed: _____

Date: _____

Authorised: _____

Date: _____