



MATERNITY/ADOPTION LEAVE APPLICATION FORM

Download and save this form before completing.

- This form is online and it is not intended that it is printed - it can be emailed and signed electronically (see guidance at the end of this form*).
- Before completing this form, please read the [Family Leave Policy](#).
- Text boxes have a character limit - you can write more but it will not be visible if you choose to print it.

PERSONAL DETAILS

Surname: (as stated on MATB1 form)	Forenames:	Title:
Department/Section/Centre:		
Work phone:	Work email:	

TYPE OF FLEXIBLE WORKING REQUESTED

I wish to apply for: Maternity leave Adoption leave

Expected week of childbirth/placement of child:
(Please attach the original MAT.B 1/matching certificate given to you by your midwife/GP/adoption agency)

Planned date of commencement of maternity/adoption leave and pay:

N.B. You may take Maternity Leave from the 11th week prior to the expected week of childbirth. You can take Adoption Leave up to 14 days before the placement (date the child starts living with you) or for overseas adoptions when the child arrives in the UK or within 28 days of this date.

RETURN FROM WORK

At the end of my maternity/adoption leave: I wish to return to work I do NOT wish to return to work

Do you wish to be paid SMP/SAP only? YES NO

If your plans to return to work following maternity/adoption leave are still provisional you may opt to be paid Statutory Maternity Pay (SMP/SAP)/Maternity Allowance (MA) only during your maternity leave to avoid the possibility of repayment of money in excess of this later. If you do return to work for at least three months you will receive the balance of maternity pay owing to you.

DECLARATION OF PAY

Should I not return to work after my maternity/adoption leave, or return for a period of less than three months, I agree to repay the University any pay I have received in excess of the Statutory Maternity Pay/Allowance in force at that time.

Employee Signature:

Date:

REMEMBER TO BOOK A MATERNITY INTERVIEW WITH HR BEFORE SUBMITTING THIS FORM.

THIS APPLICATION FORM SHOULD BE SUBMITTED TO HR, WITH A COPY TO YOUR LINE MANAGER NO LATER THAN THE 15TH WEEK BEFORE THE EXPECTED WEEK OF CHILDBIRTH.

* To sign the form, click "fill and sign" and then "sign". Signatures can be done in three ways: typing your name, writing your signature using your mouse, uploading a JPEG image of your signature. Once signed, the form cannot be amended - this is to protect the form.

Before you print: remember, this form is not intended to be printed. If any text boxes contain more text than the character limit, this will not be visible when printed.