**Maternity / Adoption Leave**

**Application Form**

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| Before completing this form, please read the Shared Parental Leave section in the UECS [Family Leave Policies](https://www.essex.ac.uk/staff/uecs-and-wivenhoe-house-staff/uecs-staff) document and book a maternity / adoption meeting with [People & Culture](mailto:staffing@essex.ac.uk). |

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| You should download this form and save it on your computer before completing it. |

**Employee Details**

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| --- | --- | --- | --- |
| **Surname:** | Click to enter text | **Forename/s:** | Click to enter text |
| **Department:** | Click to Select | **Personal Reference No:** | Click to enter text |

**Type of Leave Requested**

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| --- | --- | --- | --- |
| **Maternity Leave:** |  | **Adoption Leave:** |  |
| Please attach the original MATB.1 / matching certificate given to you by your midwife / GP / adoption agency. | | | |
| **Expected week of childbirth / placement of child:** | | | Select Date … |
| 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. | | | |
| **Planned date of commencement of maternity / adoption leave and pay:** | | | Select Date … |

**Returning to Work**

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| **At the end of my maternity / adoption leave:** | | | | | | | |
| **I wish to return to work:** |  | | **I do not wish to return to work:** | | |  | |
| If your plans to return to work following maternity / adoption leave are still provisional, you may opt to be paid Statutory Maternity Pay, Statutory Adoption Pay or Maternity Allowance only during your maternity / adoption leave.  This avoids the possibility of repayment of Occupational Maternity Pay or Occupational Adoption Pay in excess of the statutory entitlement.  If you choose to be paid SMP, SAP or MA in this way, and you return to work for at least three months, you will receive the balance of OMP or OAP owing to you. | | | | | | | |
| **Do you wish to be paid SMP / SAP only?** | | **Yes:** | |  | **No:** | |  |
| **I confirm that should I not return to work after my maternity / adoption leave, or return for a period of less than 3 months, I agree to repay UECS any pay I have received in excess of the Statutory Maternity Pay, Statutory Adoption Pay or Maternity Allowance in place at that time:** | | | | | |  | |

**Employee Signature**

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| --- | --- | --- | --- |
| **Print Name:** | Click to enter text | **Date Signed:** | Select Date … |
| **Signed:** |  | | |
| * Sign the form by either typing your name or uploading a JPEG image of your signature. * Save the completed form and send it by email to [People & Culture](mailto:staffing@essex.ac.uk), and your manager.   This form should be submitted no later than the 15th week before the expected week of childbirth, or within 7 days of being matched with a child and at least 28 days before the anticipated start date of your adoption leave. | | | |