**MATERNITY LEAVE FORM – FOR STATUTORY ENTITLEMENT**

This form is to be completed before the end of the 15th week before the expected week of birth.

1. **Employee’s Name:** …………………………………………………………………………………………………

2. **My baby is due in the week starting:**

 Sunday: ……………………

 Please provide a certificate from a medical professional confirming the expected week of birth.

3. **I intend to start maternity leave on:**

Date: ……………………………… (you have a statutory maximum of 26 weeks maternity leave including 6 weeks paid leave after your baby is born **–** the remaining 20 weeks are unpaid.

4. **I intend to return to work on:**

Date ……………………………….. and I understand that if I wish to change this date I must give you 28 days notice.

5. **Contact during maternity leave – KIT days:**

I would like to be given the opportunity to attend any training or events following my 6 weeks compulsory maternity leave without this bringing an end to my maternity leave.

 **YES NO**

**Employee.**

**Signed: ………………………………………………………. Date: ………………………………………………..**

**Employer:**

**Signed: ……………………………………………………...** **Date: …………………………………………………**