

Appendix B

Notification of Maternity Leave

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Personal Details		
First Name:	Surname:	
Assignment Number:	Position Number:	
Job Title:	Ward/ Department:	
Grade:	Division: Please select	
Contact No. (Work):	Site:	
Contact Details and Address for Payslips during Maternity Leave		
Address:	Home No:	
	Mobile No:	
Post Code:	Email:	
Maternity Leave		
The due date is:		
My maternity leave will start on:		
I have attached my MAT B1 form (Yes/No):		
Annual Leave and Bank Holiday Entitlement		
Annual leave which will accrue during maternity leave:		
Bank Holidays which will accrue during maternity leave:		
Number of days to be taken prior to maternity leave:		
Number of days to be taken on return from maternity leave:		
<i>(Please note that you may carry annual leave over from one year to the next in accordance with the Trust's policy on annual leave (currently 5 days). This must be agreed by your manager.)</i>		
Are you receiving childcare vouchers/part of Cycle-2-Work or Nursery "Fee Direct" salary sacrifice schemes?:		
Returning to Work		
<i>(in order to receive your maternity pay you must tick one of the boxes below)</i>		
<ul style="list-style-type: none"> I intend returning to work for the NHS. <input type="checkbox"/> I do not intend returning to work for the NHS, and hereby give notice of termination of my employment at the end of my maternity leave. <input type="checkbox"/> 		
<i>I confirm that the information on this form is correct to the best of my knowledge and that I have read and will comply with the Trust's "Maternity Policy". I understand that claims for leave may be reviewed by the LCFS and may lead to disciplinary action and/or prosecution if found to be fraudulent.</i>		
Employee's Authorisation		
Employee's Signature:	Date:	
Manager's Authorisation <i>(complete in block capitals)</i>		
Manager's Name:	Manager's Signature:	
Job Title:	Ext:	Date:

For medical staff, please send this form to your Medical Personnel Officer. For non-medical staff, please send this form to the HR Admin Team, 1st Floor Education Centre, Charing Cross Hospital, or email admin.hr@imperial.nhs.uk 8 weeks prior to start date of maternity leave. Late forms may affect entitlements.

Notification of Maternity Leave

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This page must be completed and authorised by HR Admin only

Personal Details	
First Name:	Surname:
Assignment Number:	Position Number:

Entitlement (please select one)	
<p>Option A (OMP & SMP)</p> <p><input type="checkbox"/></p>	<p>Please pay 8 weeks paid leave at full pay, inclusive of higher rate SMP + 18 weeks paid leave at half pay plus basic rate SMP (provided the total receivable does not exceed full pay) + 13 weeks basic rate SMP + Up to 13 weeks additional unpaid maternity leave</p>
<p>Option B (OMP only)</p> <p><input type="checkbox"/></p>	<p>Please pay 8 weeks paid leave at full pay, inclusive of any SMA receivable + 18 weeks paid leave at half pay plus any SMA receivable (provided the total receivable (provided the total receivable does not exceed full pay) + 13 weeks SMA + Up to 13 weeks additional unpaid maternity leave</p>
<p>Option C (SMP only)</p> <p><input type="checkbox"/></p>	<p>Please pay 6 weeks paid leave at the higher rate of SMP (90% of full Pay) + 33 Weeks paid leave at the basic rate of SMP +Up to 13 weeks unpaid additional maternity leave</p>
<p>Option D (None)</p> <p><input type="checkbox"/></p>	<p>The employee is not entitled to OMP or SMP, but will take up to 52 weeks maternity leave.</p>

Average Weekly Earnings	£
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Increment Date	
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HR Admin Authorisation		
Name:	Signature:	Date: