Form for employee to request statutory maternity leave

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| Please read these notes before completing the form |
| 1. In order for us to process your intention to take maternity leave, we require the information requested on this form. Please complete in as much detail as possible to enable our smooth processing of your request.  2. The earliest date you can start maternity leave is the 11th week before your expected week of childbirth (EWC).  3. Unless you state otherwise, we will assume that you will take your full entitlement of 52 weeks’ maternity leave. You are able to change your return to work date provided you give us at least 8 weeks’ notice. This applies whether you simply wish to return to work early or because you qualify for take shared parental leave and wish to take it.  4. Please return the form as indicated below by the 15th week before the expected week of childbirth (EWC). If there is a good reason that you cannot return it by this date, please return it as soon as possible after this date. |

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| When complete, please return this form to: *[Insert name and job title]*  Please also keep a copy for your records. | |
| **EMPLOYEE DETAILS** | |
| Name of employee: Department:  Home address:  Email address:  Home telephone number: | |
| **MATERNITY LEAVE DETAILS** | |
| Expected week of childbirth: |  |
| Intended start date of maternity leave: |  |
| Intended return to work date: |  |
| **Declaration:**   * I confirm that I am pregnant; * I understand that [insert name of employer] may require me to produce a medical certificate (e.g. MATB1) as evidence of my pregnancy and my EWC.   Employee signature:  Date: | |