**Form for employee to vary the start date of maternity leave and pay**

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| **EMPLOYEE DETAILS** | |
| Name of employee: Employee number:  Department: Employment start date: | |
| **Declaration:**  This form is to notify you of my intention to change the start date of my maternity leave, as indicated below.  It is my intention to *[*delete as appropriate – postpone/bring forward*]* the start date of my leave.  I understand that I must give you at least 28 days’ notice of this change. | |
| **MATERNITY LEAVE DETAILS** | |
| Expected week of childbirth: |  |
| Date baby was born: |  |
| Previously notified start date of maternity leave: |  |
| New start date of maternity leave: |  |
| New start date of maternity pay: |  |
| Employee signature:  Date: | |

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| *For office use only* | |
| Date request received: | Initials: |
| Authorised/Declined: |  |
| Date reply sent: | Initials: |