**MATERNITY LEAVE AND PAY CLAIM FORM (MLP/2016)**

**FOR SCHOOLS & PUPIL REFERRAL UNITS**

You must complete this form by the **15th week** before the expected week of childbirth for your school to send to their HR & Payroll provider. A copy must also be send to your line manager at least 28 days before your maternity leave commences.

You should enclose your **original** certificate of expected childbirth form (MATB1) if you have already received it from your doctor or midwife. If not, it should be forwarded to HR & Payroll provider as soon as possible.

Please note that your claim for Maternity Leave and/ or Maternity Pay will not be processed until both this form and the MATB1 are received.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Surname |  | | | | First Name |  | |  |
| Employee Number | |  | | | School/Section |  | |  |
| Home address | |  |  | | | | | |
| Position | |  |  | | | | | |
| Date commenced continuous employment with the London Borough of Croydon | | | |  | | |  | |
| Date commenced continuous employment with local government (if different from above) | | | |  | | |  | |
| Expected Date of Childbirth | | | |  | | |  | |
| Date you wish your maternity leave to start (please note that this **cannot** be earlier than 11 weeks before your Expected Week of Childbirth (EWC). | | | |  | | |  | |
| MATB1 | | | |  | | | ⬜ Is attached ⬜ Will be forwarded | |

**PERSONAL & EMPLOYMENT DETAILS** (Please complete in capitals)

**MATERNITY LEAVE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Circle to indicate your choice below | | | |
| I wish to return to work after my 26 weeks’ Ordinary Maternity Leave | YES | NO | | NOT DECIDED |
| I wish to reserve my right to return to work after my Additional Maternity Leave. | YES | | NO | |
| I do not wish to return to work after my Additional Maternity Leave and my last day of service will be: | …………………………………………….(Enter date) | | | |

**MATERNITY PAY**

|  |  |
| --- | --- |
| I have/will have at least 1 year of continuous service at the beginning of the 11th week before the EWC. Please tick the appropriate box. | ⬜ Yes ⬜ No |

PTO ⮷.

|  |  |
| --- | --- |
| **Statutory Maternity Pay (SMP)** – Please tick the box that applies: | |
| a) I had 26 weeks’ continuous service at the end of the 15th week before the EWC and claim my entitlement to SMP. I undertake to inform you immediately should I be taken into legal custody, commence work for another employer or leave the area of the European Economic Area. | ⬜ |
| b) I am NOT eligible for SMP because I did not have 26 weeks’ continuous service at the 15th week before the EWC | ⬜ |
| **Occupational Maternity Pay (OMP)** – Please tick the box that applies | |
| c) I am NOT eligible for OMP (half pay) because: |  |
| i) I do not intend to return to work  **Please note:** If you indicate that you do not intend to return to work, this is merely an expression of intention that is not binding on you and therefore, if you are certain that you will not return you will still need to submit a resignation letter | ⬜ |
| ii) I did not have 1 year of continuous service at the 11th week before the EWC | ⬜ |
| d) I am eligible for OMP (half pay) and intend to return to work after my maternity leave.  I wish my half pay to be paid: | |
| i) during my maternity leave as 12 weeks’ half-pay starting from the 7th week of my maternity leave | ⬜ |
| ii) as set out below | ⬜ |
|  | |

**MATERNITY PAY (Continued)**

|  |  |  |
| --- | --- | --- |
| In making this claim I agree that if for any reason the monies paid to me with respect to either occupational or statutory maternity pay are in excess of what is due to me under the terms and conditions of employment, I shall refund the excess to my employer | | |
| Signed |  | Date: ……………………… |
| Daytime Telephone Number |  | |
| Work Location |  | |