# MATERNITY/BIRTH PARENT FUND APPLICATION FORM

**Instruction on completing form**

***If post is Core funded:***

**Section A and C - completed by the recruiting manager.**

**Section B - completed by Finance.**

**Section D - completed by the Head of School/Directorate and Senior Vice-Principal/University Secretary**

***\*If the post is to be funded by Development Trust, Discretionary or Core Funds please forward to the relevant HR Adviser ahead of sending for approval.***

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| **Section A: To be completed by the line manager/PI/budget holder:** | |
| **Individual Taking Period of Leave:** |  |
| **Line Manager/ PI:** |  |
| **Directorate/School:** |  |
| **Section/Department/**  **Institute:** |  |
| **Job Title:** |  |
| **Grade/FTE** |  |
| **Date Leave Commencing:** |  |
| **Cover Requested** | ***Full Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Part Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***    ***Percentage of Post \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Duration:***  ***6 Months \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***9 Months \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***12 Months ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***    ***Grade Required \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |

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| **Section B: To be completed by Finance:** | | | | | | | | | |
|  | | | | | | | | | |
| **Costing (for Materity Leave/Birth Parent Fund):** | | | | | | | | | |
| **Post Details** | | **Grade & Spinal Point** | **FTE** | | **Relevant Dates** | | **Transfer Year 1** | | **Transfer Year 2** |
|  | |  |  | |  | |  | |  |
| **Amount Requested From The Fund based on the matrix and phased by financial year by Finance:** | |  |  | |  | |  | |  |
|  | |  |  | |  | | **Additional Cost Year 1 (if applicable)** | | **Additional cost Year 2 (if applicable)** |
| **Estimated additional cost to School/Directorate if FTE requested is higher than the agreed funding per the maternity fund/birth parent fund procedure (required for FPC approval).** | |  |  | |  | |  | |  |
|  | | | | | | | | | |
| **To be completed for all posts:** | | | | | | | | | |
| **Full Ledger Code(s) and Split:** | **Account** | | | **Cost Centre** | | **Sub-Project** | | **Charge %** | |
|  | | |  | |  | |  | |
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| **Section D: Authorisation** | |
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| **AUTHORISATION BY FINANCE/RFS** | |
| **Name:**  **Signed:**  **Date:** | |
|  | |
| **AUTHORISATION BY HEAD OF SCHOOL/DIRECTORATE** | |
| **Name:**  **Signed:**  **Date:** | * Request Approved * Request Declined * Further Information required:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * Internal Advert * External Advert |
|  | |
| **AUTHORISATION BY SENIOR VICE PRINCIPAL OR UNIVERSITY SECRETARY**  *For replacement grades 1-4 only Director’s authorisation is required* | |
| **Name:**  **Signed:**  **Date:** | |