# 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:** |
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| **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).**  |  |  |  |  |  |
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| **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:** |
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| **AUTHORISATION BY HEAD OF SCHOOL/DIRECTORATE** |
| **Name:****Signed:****Date:** | * Request Approved
* Request Declined
* Further Information required:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Internal Advert
* External Advert
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| **AUTHORISATION BY SENIOR VICE PRINCIPAL OR UNIVERSITY SECRETARY***For replacement grades 1-4 only Director’s authorisation is required* |
| **Name:****Signed:****Date:** |