# UNIVERSITY OF ABERDEEN

# MATERNITY LEAVE APPLICATION

You should submit your Maternity Leave Application before the end of your 26th week of pregnancy.

Name: ……………….…………………………………. Employee ID No: ………………………….

Continuous Service Date: …………………………….

School / Section: ……………………………………… : ….…………………………………

Ext No: ..…..………..……………………… E-mail: ……….……………………………..

Home Address: …....……………………………………………………………………………………...

Home Tel No: ……………………………….. Expected Week of Childbirth: …………….

I have read the University of Aberdeen’s Maternity Leave Procedure and understand my entitlement. I accept the conditions under which these provisions are granted and now wish to apply for pay/leave in accordance with Option …………. of the Procedure. I can confirm that my date of commencement of maternity leave and pay is ..................

***Please sign one of the declarations below.***

Declaration a - Returning to Post (Occupational Maternity Benefits)

I confirm I will be returning to post and utilising Option 1a.

I confirm I will be returning to post and utilising Option 1b.

***Employee Undertaking:***

*I undertake to return to the employment of the University of Aberdeen for a minimum period of 6 months after the expiry of all leave for maternity purposes. I understand that if I fail to comply with this undertaking I will be required to reimburse the University’s Occupational Maternity Pay paid to me over and above Statutory Maternity Pay (SMP).*

Signed: ………………………………………………………... Date: ……………………………..

**Declaration b – Returning to Post (Statutory Maternity Benefits)**

□ I confirm I will be returning to post and utilising Option 2.

Signed: ………………………………………………………... Date: ……………………………..

Declaration c – Maternity allowance (Option 3)

I confirm I am aware I do not qualify for SMP but that I may be eligible to receive Maternity Allowance directly from the Department of Work and Pensions (DWP).

I understand the Payroll office will send me an SMP1 form to allow me to submit a claim to my local Jobcentre Plus office. I am aware that I must advise the payroll office (payroll@abdn.ac.uk) of the outcome of my claim as it may affect other payments made to me by the University.

Declaration d – Undecided (Option 4)

I confirm I am undecided about returning to work after my period of maternity leave.

I understand that my Human Resources Adviser will contact me 6 weeks after my Expected Week of Confinement to request confirmation of my decision. I confirm that I will respond within 2 weeks of their request.

Signed: ………………………………………………………... Date: ……………………………..

Declaration e - Not Returning to Post (Option 5)

I confirm I will not be returning to work.

I understand that I have the right to return to my post with the University of Aberdeen but have decided that I do not wish to return. I have enclosed a letter of resignation as per my contract of employment.

Signed: ………………………………………………………... Date: ……………………………..