



MATERNITY LEAVE NOTIFICATION FORM

1. This form is for **University of Sheffield staff** to provide notification of an upcoming period of Maternity Leave.
2. Please read the Maternity Policy and Procedure, available via the HR Family Leave website at the following link: www.sheffield.ac.uk/hr/guidance/family before completing this form. The Maternity Leave Calculator will give you the correct dates for Section 3: www.sheffield.ac.uk/hr/guidance/family/maternity/maternity-leave-calculator.
3. Please complete this form **by the 15th week before** the expected week of childbirth (EWC) and send it, fully signed, to; Payroll, Firth Court, Western Bank, Sheffield, S10 2TN, or in person to Level One Reception, Arts Tower, Western Bank, Sheffield, S10 2TN.
4. Please attach your **MATB1 Certificate** to this form before sending to Payroll, as this is needed to confirm the EWC before payroll can perform the necessary calculations.

1. Your details - Please complete all the fields using CAPITAL LETTERS

Full Name	<input type="text"/>
Department	<input type="text"/>
Preferred Contact Email/Tel No:	<input type="text"/>
Employee/Payroll No: (Mandatory)	<input type="text" value="Available through my job"/>
MATB1 Form Attached	<input type="checkbox"/>

2. Which Maternity Leave scheme do you wish to apply for?

Please tick one box below ✓

Option	Description	Selection
Option A	University Scheme - 39 Weeks paid leave option	<input type="checkbox"/>
Option B	University Scheme - 45 Weeks paid leave option	<input type="checkbox"/>
Option C	Statutory Maternity Leave ONLY with SMP for a maximum period of 39 weeks	<input type="checkbox"/>
Option D	Maternity Allowance	<input type="checkbox"/>

3. Key Dates- Please use the on-line calculator to complete this section.

Please advise Payroll as soon as possible if these anticipated dates change.

1	Expected Week of Childbirth (EWC)- this starts from the Sunday before the date in which your baby is due to be born:	dd/mm/yy
2	Expected date that you wish your Maternity Leave to start – this can start on any day of the week:	dd/mm/yy
3	Expected end date of Maternity Leave: Do not include the dates of your annual leave here (if you are taking some on your return). Please see section 5 of the maternity procedure for further information.	dd/mm/yy

4. I confirm that:

1	The information provided above is correct.
2	<p>I understand that if I receive payment under the Enhanced Maternity Leave scheme (other than Statutory Maternity Pay) it is subject to me returning to work for a minimum of three months following the maternity leave period.</p> <p>If I am unable to fulfil this requirement I am aware that the University reserves the right to reclaim the non-statutory element of the maternity pay.</p>
3	I understand that should I seek to take annual leave in the standard leave year, I will book this in the usual manner. (Carrying over annual leave may be possible, subject to agreement with your line manager).

Signature

Date

**Signed by
Line Manager**

Date

Print Name