



## MATERNITY/ADOPTION LEAVE/PAY APPLICATION FORM

<b>Name:</b>		<b>Pay No:</b>	
<b>Post:</b>		<b>Hours:</b>	
<b>Department</b>		<b>DBH Start Date</b>	
		<b>NHS Start Date</b>	
<b>I have attached a copy of my MATB1 / Matching Certificate</b>			Yes/No

### Section A – Options for Pay

Please select one option from the list below for Occupational Maternity Pay  
Please ensure you have read the Parental Leave Policy, which explains eligibility for occupational maternity / adoption pay

Scheme 1	<b>You intend to return to work in the NHS for a minimum of 3 months after maternity / adoption leave</b> (you are paid your full salary for 8 weeks and half salary for 18 weeks plus any SMP entitlement, plus 13 weeks SMP)
Scheme 2	<b>You are not sure if you intend to return to work after maternity / adoption leave</b> (you are paid 90% of your full pay for 6 weeks and 33 weeks SMP entitlement. If you do return to work for 3 months following your maternity / adoption leave, then you will be paid the difference between what you were paid and what you would have been paid had you taken Scheme 1)
Scheme 3	<b>You do not intend returning to work after maternity / adoption leave</b> (you are paid 9/10 <sup>th</sup> of your salary for 6 weeks plus 33 weeks SMP)
Scheme 4	<b>You do not have 26 weeks continuous service with DBH at the 15<sup>th</sup> week before your expected week of childbirth</b> (you may be entitled to Maternity Allowance from the Department of Work and Pensions)

### Section B – Please tick the box for the question that applies to you

I intend to return to work	
I have yet to decide about returning to work, should I return to work the full entitlement will be paid	
I do not intend to return to work	
Expected week of childbirth / adoption placement date;	
Date of commencement of * Maternity / *Adoption leave or leaving date	
In addition to the 39 weeks of paid *Maternity / *Adoption leave I intend to take an additional number of weeks unpaid leave (where known, please insert the number of additional weeks leave required in box )	(Max 13 weeks)

### Declaration: If you do intent to return to work or if you are not sure

I understand that if I fail to return to work for a minimum period of 3 months after the expiry of \*Maternity / \*Adoption leave, I am liable to refund occupation maternity/adoption payments received less any Statutory Maternity / Adoption Pay entitlements; unless I submit a copy of my letter of appointment to another NHS authority after the expiry of my maternity / adoption leave (excluding



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staff on fixed term contracts)

I have read the section on Maternity / Adoption benefits, which I understand and accept.

Signed

Date

**Declaration: if you do NOT intend to return to work**

I have read the section on Maternity / Adoption benefits, which I understand and accept. I also understand that completion of this form does not replace the normal requirements for notice and that, if I have not already done so I am required to submit my resignation stating the date I intend to terminate my employment

Signed

Date

**Declaration: All employees**

I understand that a change in my circumstances during payment of SMP may affect my entitlement and therefore I agree to notify my manager of any of the following as soon as possible:

1. If my actual week of childbirth is not the expected week of childbirth as stated on Mat B1 certificate  
(at the latest this information must be sent within 21 days of the actual date of childbirth)
2. If I start work for another employer after the birth/adoption of my baby
3. If I go abroad outside the EC
4. If I am taken into legal custody

Signed

Date

**Application for Maternity / Adoptions Leave and Pay authorised by:**

Signed

Date

Name

Job title

This form should be completed and submitted to your line manager, a copy should be kept on your personal file, and a copy submitted to the NHS Shared Business Services (SBS).



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