QUEEN’S UNIVERSITY BELFAST, PEOPLE AND CULTURE

# MATERNITY LEAVE NOTIFICATION FORM

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| Please read the Maternity Leave Procedure and return this form to the HR Hub no later than the end of the fifteenth week before your expected week of childbirth. This form must be accompanied by a Maternity Certificate (Form MB1). Maternity payments can only be made when Form MB1 has been received.  If it is not possible to give the required notice, ie if the birth is earlier than expected, please complete this form as soon as possible and return it to People and Culture, HR Hub. |

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| My Expected Week of Childbirth (EWC) is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **ORDINARY MATERNITY LEAVE (OML)**  I wish to take \_\_\_\_ weeks OML (maximum available 26 weeks) and my OML to commence on:\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  **ADDITIONAL MATERNITY LEAVE (AML) (maximum available 26 weeks)**  I wish / I do not wish to add \_\_\_\_\_\_ weeks paid AML (maximum available 13 weeks)  plus \_\_\_\_\_ weeks unpaid AML (maximum available 13 weeks) to the end of my OML period.  My AML will commence on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ until \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **HOLIDAY ENTITLEMENT**  I wish\*/do not wish\* to add holiday entitlement to the end of my Maternity Leave period (\*delete as appropriate) - Leave year \_\_\_\_; number of days \_\_\_\_; Leave year \_\_\_\_; number of days: \_\_\_\_.  The dates for holiday entitlement are from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ until \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NB (i) A member of staff is expected, where possible, to take her full annual leave entitlement in a particular leave year. However, should this not be possible due to maternity leave arrangements or exceptional circumstances, she will be able to carry over up to the full complement of leave (43 days) to the next leave year, the scheduling of which must be taken by agreement with the Head of School/Department/Unit.  (ii) If taking Additional Maternity Leave, holidays cannot be taken until the end of this period.  Approved by Head of School / Director / Line Manager: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **WORKING PATTERN (If applicable)**  If you are employed on a part-time contract and work specific days please specify below, i.e Tuesday, Wednesday and Thursday. |

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| **Name:** | | **Staff ID:** |
| **School/Dept/Unit:** | | **Staff**  **Category:** |
| People and Culture will keep you informed of internal advertisements for your category of staff at your grade and one grade above during your Maternity Leave. Please provide an email address to facilitate this (if you do not supply an email address we will assume you do not wish to be contacted regarding internal advertisements):  Email address: | | |
| In the event that we need to contact you please indicate the preferred method of contact and provide details:  **Telephone No: and/or Email address:** | | |
| **Signed:** | **Date:** | |

**PLEASE EMAIL THIS FORM TO HR HUB,** [**hrhub@qub.ac.uk**](mailto:hrhub@qub.ac.uk)

**Pre-Maternity Leave Checklist for staff**

This checklist is optional – it is intended to help to ensure that all necessary steps are taken prior to and during maternity leave. Employees and line managers may find it helpful to use this.

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| **Action by:** | **Action:** | **Completed / Notes:** |
| **BEFORE MATERNITY LEAVE** | |  |
| Employee | Inform line manager at the earliest opportunity. |  |
| Manager & Employee | Familiarise yourself with the Maternity Leave procedure and your respective guidance booklet for Line Manager or Expectant Mothers. |  |
| Manager | Carry out a [risk assessment](http://www.qub.ac.uk/directorates/EstatesDirectorate/UniversitySafetyService/NewandExpectantMothers/Overview/) |  |
| Manager & employee | If you are on a FTC / grant funded post - discuss how this will be affected – explore options available in the terms of the grant/funding with the PI / research funder. |  |
| Manager & employee | Calculate annual leave and agree dates when this will be taken (pre and post maternity) |  |
| Employee | Complete form ML1 and give to line manager and HRHub, before the end of the Qualifying Week (15th week before EWC). Send MATB1 form also. |  |
| HR Services | Will confirm leave arrangements in writing. |  |
| Employee | Check the arrangements for payment of staff benefits during your leave (eg. car parking, cycle scheme, childcare vouchers, nursery fees.) |  |
| Manager & employee | Discuss work /teaching cover and handover arrangements. |  |
| Manager & employee | Discuss arrangements for keeping in touch during maternity leave – how to contact, frequency, purpose, KIT days. |  |
| Manager & employee | If the employee is on probation - discuss whether this will affect the probation period. |  |
| Employee | Review your PDR and personal development plans – take stock of where you are and what your goals are, this will make it easier to refresh yourself on your return to work. |  |
| **DURING MATERNITY LEAVE** | | |
| Manager & Employee | Maintain contact in line with your agreed arrangements |  |
| Manager & Employee | To request to alter your working hours/arrangements for your return, you must complete a [flexible working request](http://www.qub.ac.uk/directorates/HumanResources/DiversityandInclusionUnit/PoliciesandProcedures/WorkLifeBalancePoliciesApplicationForms/) and discuss with your line manager |  |
| **RETURNING FROM MATERNTIY LEAVE** | |  |
| Employee | Notice to return – if you intend to return to work on your previously agreed date you do not need to give any further notice.  If you wish to return to work on an alternative date you must provide at least 8 weeks’ notice (of your original / new date – whichever is soonest) in writing to your line manager and HRHub. |  |
| Employee | Consider whether you want to pay pension contributions on your return to work for any unpaid period of leave. Contact the Pensions Office for more information on this. |  |
| **NOT RETURNING TO WORK** | |  |
| Employee | If you decide not to return to work you must resign giving your contractual notice in writing to your line manager and HRHub. |  |
| Employee | If your FTC ends during your leave, you do not need to do anything further. Any outstanding SMP owing will be paid to you. |  |

**Completed form to be kept by employee and/or Line Manager.**

**Return to Work Interview Checklist for Maternity Leave**

Following a period of maternity, it is important to ensure that the employee is supported back into work. The purpose of such an interview is to help them to settle back into their role as smoothly and quickly as possible. Please discuss the following issues either on return to work or during a KIT day. Agree and note down any further steps which should be taken.

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| How long have you been away from work? |  |
| Did you undertake any keeping in touch days? How beneficial were they?  *(to claim payment complete KIT days record)* |  |
| Do you have any childcare issues causing you concern? Are you aware of the support available through the University? *(nursery fees salary sacrifice/on site nurseries/breastfeeding support).* |  |
| Have you had any health problems whilst away? Is there any condition which is still causing concern? |  |
| Do you need to be referred to Occupational Health, Counselling etc? |  |
| Are any adjustments in the workplace required? (e.g. for breast feeding). *(Liaise with Safety Services if so)* |  |
| Discuss and clarify work pattern and affect on the role requirements, if returning to different hours.  Are any adjustments required to the role? |  |
| Update on any changes which have occurred in the workplace during your absence (for example – introduce to any new staff; explain any changes in structure, procedures, etc). |  |
| Update on the role, any work that has been undertaken in your absence and what current work is required. |  |
| Is any training required to bring you back up to speed? |  |
| Are there any other areas that you wish to discuss? |  |
| **Employee name:** | **Manager name:** |
| **Employee signature:** | **Manager signature:** |
| **Date completed:** | **Date completed:** |

**Completed form should be kept on file locally by the Line Manager.**

**Arrange a touch base meeting to follow up with the employee to ensure they are settling back into work effectively. Schedule this for a timeframe suitable for you both.**

**Keeping in Touch (KIT) Days Record**

Please complete this record on your return to work from maternity.

You are entitled to work up to 10 days during your maternity leave without curtailing your maternity pay. You may receive additional payment for the hours you work calculated as follows:

* Working a KIT day whilst receiving OMP (i.e. during weeks 1-18 at full pay) – no additional payment will be made
* Working a KIT day whilst receiving SMP/MA (i.e. during weeks 19 – 39 at statutory rate) – the statutory rate will be topped up to your normal basic pay for the hours you work
* Working a KIT day whilst on unpaid maternity leave (i.e. during weeks 40 – 52) – you will receive your normal basic pay for the hours you work

**If you work only a couple of hours on a day, you will still have used one full KIT day from your entitlement.**

KIT days do not extend your period of maternity or adoption leave.

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|  | **DATE** | **TIME** | **NUMBER OF HOURS WORKED** | **ACTIVITY DESCRIPTION (optional)** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |
| **6** |  |  |  |  |
| **7** |  |  |  |  |
| **8** |  |  |  |  |
| **9** |  |  |  |  |
| **10** |  |  |  |  |
| **Employee declaration:**  I confirm that I worked the above hours and wish to claim additional payment (where appropriate) in respect of these | | | | |
| Employee Name: | | | Employee Number: | |
| Employee Signature: | | | Date: | |
| **Payment authorised by:** | | | | |
| Manager Name: | | | Date: | |
| Manager Signature: | | |  | |

**Manager to send a scanned copy of the completed form to HRHub for payment.**