# Maternity Leave Application Form (Corporate & Fire)

For full details regarding Maternity Leave and Pay, please refer to the Employment Policies Handbook.

Please also ensure you send your MATB1 certificate (provided by you midwife or GP) to payroll with this form as payment cannot be made without it.

**Applicant details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of birth |  | | | / |  | | | / | | |  | | | |  |  | | | | | Title | | | | | Click | | | | | | | | | | |
|  | DD | | |  | MM | | |  | | YYYY | | | | |  |  | | | |  | | | | |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | |  | | | |  | | | | |  | | | | | | | | | | | |
| First name | Click | | | | | | | | | | | | | | | | |  | | | Surname | | | | | Click | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Resource ID | 2 | |  |  | |  |  | |  | | |  |  |  | |  |  | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| National Insurance Number |  | |  |  | |  |  | |  | | |  |  |  | |  |  | | | |  |  |  |  | | |  |  |
|  | | | | | | | | | | | | | | |  |  | | | | | | | |  | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | |  | |  | | | | | | | |  | | | | | | | | | | | |
| Directorate\* | Please select one | | | | | | | | | | | | | | | | |  | | | Post title | | | | | | Click | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | | |  | | |  | | | | | |  | | | | | | | | | | | |
| Contract type\* | Please select one | | | | | | | | | | | | | | | | |  | | | End date\*\* | | | | | |  | | | / |  | | | / |  |
|  |  | | | | | | | | | | | | | | | | |  | | |  | | | | | | DD | |  | | | MM |  | | YYYY |
| \*Select from drop down  \*\*If Temporary/Fixed-Term | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Contact details confirmation**

|  |  |
| --- | --- |
|  | I confirm my home address on Business World is current, correct, and can be used during my maternity leave |
|  |  |
|  | I confirm my email address on Business World is current, correct, and can be used during my maternity leave |
|  |  |
|  | I confirm my contact telephone number(s) on Business World is current, correct, and can be used during my maternity leave |

**Maternity leave details**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date child is due to be born  *This date is taken from a MATB1 certificate* |  |  | / | |  | | / | |  | |
|  | DD | |  | | MM | |  | | YYYY |
|  |
| Date Statutory Maternity Pay expected to commence  *Statutory Maternity pay cannot start earlier than 11 weeks before the expected week of childbirth (EWC). This date is after any annual leave or unpaid leave planned before Maternity leave* |  |  | / | |  | | / | |  | |
|  | DD | |  | | MM | |  | | YYYY | |

**Occupational Maternity Pay (OMP)**

|  |
| --- |
| *You are only entitled to OMP if you have more than one year’s continuous service by the 11th week before the expected week of childbirth.* |

|  |
| --- |
| **If entitled to OMP payments are as follows:** |
| The first 6 weeks at 90% of average weekly earnings   * for the following 12 weeks - 50% pay - the combination of SMP and half pay is capped at the equivalent of a full week's pay * for the following 21 weeks – the lesser of the standard rate of SMP or 90% of their average weekly earnings |

|  |  |
| --- | --- |
| Please indicate your choice of Occupational Maternity Payment below: | |
|  | | |
|  | Please pay me the first 6 weeks and the 12 weeks at 50% OMP during my maternity leave | |
|  | | |
|  | Please pay me the first 6 weeks of OMP and the 12 weeks 50% as a lump sum payment when I return to work | |

**Application approval**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employee signature | Click |  | Date |  | / |  | / |  |
|  |  |  | DD |  | MM |  | YYYY |
|  |  |  |  |  | | | | | |
| Line Manager signature | Click |  | Date |  | / |  | / |  |
|  |  |  | DD |  | MM |  | YYYY |
|  |  |  |  |  |  |  |  | |
| Email address | Click | | |  |  |  |  |  | |

Please email this form with the MATB1 Certificate to [People\_Services\_Corp@lincolnshire.gov.uk](mailto:People_Services_Corp@lincolnshire.gov.uk) (Corporate) or to

[LFR\_payroll@lincolnshire.gov.uk](mailto:LFR_payroll@lincolnshire.gov.uk) (Fire) no later than the 7th of the month.