

APPLICATION FOR MATERNITY LEAVE

This application should be submitted to Employee Services no later than the 15th week before your expected week of childbirth - please ensure you have MATB1 before proceeding.

East Dunbartonshire Council processes personal data in accordance with the General Data Protection Regulations (EU 2016/679), the Data Protection Act 2018 and all other relevant national data protection laws.

Your personal data will be processed in accordance with the Council's privacy notice for employees which is available at: <https://www.eastdunbarton.gov.uk/council/privacy-notices>.

Section A - Employee details

Full name	<input type="text"/>		
Post title	<input type="text"/>		
National Insurance Number	<input type="text"/>		
Email	<input type="text"/>	Personal Email	<input type="text"/>
Telephone	<input type="text"/>		

Section B - Maternity application details

EDC start date

Do you want to defer payment of the 12 weeks half pay until your return from maternity leave?
Yes No

I understand the period of unpaid absence due to maternity leave will not count towards my superannuation service unless I elect to pay superannuation contributions
[SPFO - Strathclyde Pension Fund - https://www.spfo.org.uk/](https://www.spfo.org.uk/)

Please provide a copy of 'MATB1'.

Expected birth date

Please select from one of the following options

I have over 26 weeks continuous service by the 15th week before expected week of childbirth	<input type="checkbox"/>	Continue to section C
I have less than 26 weeks continuous service by the 15th week before expected week of childbirth	<input type="checkbox"/>	Continue to section D
I wish to resign due to Pregnancy or Childbirth	<input type="checkbox"/>	Continue to section E

Section C - More than 26 weeks

As I have over 26 weeks continuous service by the 15th week before my expected week of childbirth, I confirm that I intend to cease work temporarily due to pregnancy or childbirth and wish to apply for maternity leave and Pay to commence on Sunday

I agree to the conditions applicable and confirm that I intend to return to work for at least three months in accordance with the conditions of the scheme. I understand that if I do not return to work for at least three months that I will require to refund to the Council the amount of Maternity Pay paid to me for the twelve week period at five tenths pay.

Continue to section F

Section D - Less than 26 weeks

As I have less than 26 weeks continuous service by the 15th week before my expected week of childbirth, I confirm that I intend to cease work temporarily due to pregnancy or childbirth, and wish to apply for maternity leave to commence on Sunday

I understand that if I meet the qualifying conditions I will receive Maternity Allowance. I agree to the conditions applicable and confirm that I intend to return to work.

Continue to section F

Section E - Resign due to childbirth

I wish to confirm that I intend to resign due to pregnancy or Childbirth. I understand that if I meet the qualifying conditions I will receive Statutory Maternity Pay

My resignation will be effective from

Continue to section F

Section F - Manager details

Manager name

Manager post title

Manager email

Section G - Confirmation

I agree that the information I have provided on this form is complete and correct to the best of my knowledge.

Please forward this form to Employee Services: servicesupport@eastdunbarton.gov.uk