

**MATERNITY LEAVE DOCUMENT PACK**

**January 2018**

**V2**

These appendices are to be used in accordance with the Maternity section of the Maternity, Maternity Support (Paternity), Adoption and Parental Leave Policy.

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|  | KIT Record |
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# Maternity Leave Options / Entitlements

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| --- | --- | --- |
|  | Returning to work following Maternity Leave | Not returning/undecided whether to return to work following Maternity Leave |
| 12 months or more continuous service with NHS at the beginning of 25th week of pregnancy | OPTION 1* 8 weeks at Full Pay including any SMP, MA or equivalent benefits receivable
* 18 weeks at Half Pay reduced only where half pay plus SMP, MA or equivalent benefits exceeds full pay
* 13 weeks at SMP (if payable)
* 13 weeks Unpaid Leave
 | OPTION 2* 6 weeks SMP, paid as 90% of Full Pay (of average weekly earnings)
* 33 weeks at the lesser of standard rate SMP or 90% of average weekly earnings
* 13 weeks Unpaid Leave
 |
| More than 26 weeks but less than 12 months continuous service with NHS by the start of 15th week before EWC | OPTION 3* 6 weeks at 90% Full Pay
* 33 weeks at the lesser standard rate of SMP or 90% of average weekly earnings
* 13 weeks Unpaid Leave
 | OPTION 4* 6 weeks at 90% Full Pay
* 33 weeks at the lesser standard rate of SMP or 90% of average weekly earnings
* 13 weeks Unpaid Leave
 |
| Less than 26 weeks continuous service with NHS at the beginning of 25th week of pregnancy | OPTION 5* 52 weeks Unpaid Leave
 | OPTION 6* 52 weeks Unpaid Leave
 |

# M1 - Application for Maternity Leave

|  |
| --- |
| **PERSONAL INFORMATION** |
| **Full Name** |  | **Assignment Number:** |  |
| **Job Title:** |  | **Base:** |  |
| **Line Manager:** |  | **Hours Worked:** |  |
| **Date of Appointment with NHS:** |  | **Date Joined this Organisation:** |  |
| **Address for Correspondence:** |  |
|  |
|  | **Postcode:** |  |
| **E-mail Address:** |  |
| **Contact Numbers:** |
| **Home:** |  | **Work:** |  | **Mobile:** |  |
| **MATERNITY OPTIONS** |
| **My expected date of confinement is:** |  |
| **I intend to commence my Maternity Leave on:** |  **Reason: annual leave/maternity leave** |
| **MATB1 Attached:** | Yes / No | If not, please forward at least 28 days prior to commencement of Maternity Leave |
| I have read and understood the Maternity Policy and I wish to take the following Maternity Leave (please tick) |
| **Option** | **Detail** | **Tick** |
| **Option 1** | I have 12 months or more continuous service with the NHS and I wish to take 52 Weeks Maternity leave including 39 weeks occupational and statutory Maternity pay, plus up to 13 weeks unpaid leave. I am entitled to return to work at any time up to 52 weeks after the date I left work, and if I do return earlier I will inform the organisation in writing 28 days before I return of this intention. I understand I must return to work with \*organisation\* or another NHS organisation for a minimum period of 13 weeks. In the event of failing to return to work, I agree that I shall be liable to repay any money not due to me. |  |
| **Option 2** | I have 12 months or more continuous service with the NHS, but I am undecided at this stage about my commitment to return to work. Please therefore, pay my Statutory Maternity Pay only. In the event of my return to work for a minimum period of 13 weeks, the organisation will pay the balance of my Occupational Maternity Pay. |  |
| **Option 3** | I have more than 26 weeks service with \*organisation\* but less than 12 months continuous service with the NHS at the beginning of the 25th weeks of my pregnancy, and may be entitled to Statutory Maternity Pay. I will remain absent from work for up to a total of 52 weeks, after which I will be returning to work. |  |
| **Option 4** | I have more than 26 weeks continuous service with the NHS at the beginning of the 25th week of my pregnancy and will not be returning to work. Please arrange for payment of my Statutory Maternity pay. |  |
| **Option 5** | I have less than 26 weeks continuous service with the NHS at the beginning of the 25th week of my pregnancy and will be taking unpaid Maternity Leave for a period of up to 52 weeks after which I will be returning to work. |  |
| **Option 6** | I have less than 26 weeks continuous service with the NHS at the beginning of the 25th weeks of my pregnancy and will not be returning to work. |  |
| **SIGNATURES** |
| I confirm have read the Maternity Policy and attachments and fully understand and accept the conditions that permit such leave to be granted to me |
| **Signed (Employee):** |  | **Signed (Manager):** |  |
|  |
| **Print Name:** |  | **Print Name:** |  |
|  |
| **Date:** |  | **Date:** |  |
| Please forward the original of this form to the Human Resources Team by the **15th week** before your expected week of childbirth |
| **Office Use Only - Mat B1 Seen? Yes / No Copy of form taken and sent to payroll (date and initials)** |



DATE

**Private & Confidential**

ADDRESS
ADDRESS
ADDRESS

Human Resources Team

eMBED Health Consortium

Tel no:

Email:

Dear (NAME),

**RE: MATERNITY LEAVE - (NAME) – (N.I. NUMBER) - (ASSIGNMENT NUMBER)**

Thank you for informing me about your pregnancy.

Please find enclosed a Maternity Information Pack, which includes the Application for Maternity Leave form which will need to be completed by yourself, signed by your Manager and sent to the above address together with your MATB1 form. These need to be submitted no later than [INPUT DATE of WEEK 25 OF PREGNANCY].

Once we have all the relevant forms and information we require, I will write to you further confirming your specified dates of Maternity Leave and all other relevant information you will require whilst on Maternity Leave. This will also include our Maternity/Childcare pack containing useful information within it.

If you would like to discuss your entitlement with a member of the Human Resources Team, please do not hesitate to contact me and we can arrange this for you.

With best wishes

Human Resources Support Officer

CC: Line Manager



DATE

**Private & Confidential**

ADDRESS
ADDRESS
ADDRESS

Human Resources Team

eMBED Health Consortium

Tel no:

Email:

Dear (NAME),

**RE: MATERNITY LEAVE AND PAY - (NAME) – (N.I. NUMBER) - (ASSIGNMENT NUMBER)**

Thank you for your recently submitted Application for Maternity Leave and your MATB1 form\* / your MATB1 form is still to be received\*. (\*DELETE AS APPROPRIATE) As requested in your application form, you have chosen the following option:

(Delete as required)

**OPTION 1**

* **8 weeks at full pay including any SMP, Maternity Allowance (MA) or equivalent benefits receivable;**
* **18 weeks at half pay reduced only where half pay plus any SMP, Maternity Allowance (MA) or equivalent benefits payable exceeds full pay;**
* **13 weeks at SMP, if payable;**
* **13 weeks unpaid leave**.

**Or**

**OPTION 2**

* **6 weeks SMP, paid as 90% of full pay (average weekly earnings);**
* **33 weeks at the lesser of standard rate SMP or 90% of average weekly earnings;**
* **13 weeks unpaid leave.**

 **Or**

**OPTION 3 AND 4**

* **6 weeks at 90% of full pay;**
* **33 weeks at the lesser of standard rate SMP or 90% of average weekly earnings;**
* **13 weeks unpaid leave.**

**Or**

**OPTION 5 AND 6**

* **52 weeks Unpaid Leave**

You have indicated you wish your Maternity Leave to start on (INSERT DATE). However if you wish to change this date you must, if at all possible, advise me at least 28 days before your new proposed start date, or 28 days prior to your original start date; whichever would occur soonest due to the change.

If you decide to return to work before your Maternity Leave is due to end on (INSERT DATE), you must give me at least 8 weeks’ notice of the date you intend to return to work to ensure Payroll can be informed accordingly.

Absence on Maternity Leave, whether paid or unpaid, counts as service towards the normal annual increment. Annual leave will continue to accrue during Maternity Leave, whether paid or unpaid, along with Bank Holidays which also accrue.

Pension contributions will be deducted from your salary as normal during paid Maternity Leave and continue to be payable during unpaid leave. On return to work, arrears of contributions will be recovered and deducted from your salary over an agreed period. Please contact the pensions department direct to make the necessary arrangements.

As your employer we need to make sure that your health and safety as an expectant mother are protected whilst you are working, and that you are not exposed to any risk. Please liaise with your manager to ensure they carry out a Risk Assessment to identify any potential hazards in your workplace. We will discuss what actions to take if any problems are identified. If you have any further concerns following this assessment and specifically in relation to your pregnancy, please let me know immediately.

Before you begin your Maternity Leave please discuss and arrange with your manager how you will keep in touch during your time off. This is to enable you to continue to be in receipt of the most recent staff team briefs, current vacancies, or any other relevant and important information. There is also the option of Keep in Touch days, which would enable you to work for up to 10 voluntary occasions during your maternity leave without losing any Statutory Maternity Pay. Please see Appendix XX for further details.

**(IF STATED RETURNING ON APPLICATION)**

If you decide not to return to work following your Maternity Leave you must still give the required notice period as per your contract of employment, ensuring you return to work for the required 3 month period, to comply with regulations or you may be liable to pay back any Maternity pay received less SMP.

Please do not hesitate to contact me if you have any questions about any aspect of your maternity entitlement.

With best wishes

Human Resources Support Officer

# Maternity Keep in Touch

**Keeping In Touch (Kit) Occasions**

The employee will be able to work **up to a** **maximum of 10** voluntary occasions during his/her Maternity, Additional Maternity Support (Paternity) or Adoption Leave without losing any Statutory Maternity/Additional Maternity Support (Paternity) /Adoption Pay.

KIT occasions are intended to help employees keep in touch with the workplace and could also help ease eventual return to work. The type of work done could be attending work for a training course, team meetings or for an appraisal interview. These are just examples, but whether employees take advantage of these occasions is their choice. Time that is worked should be agreed by both employee and their manager. Their manager does not have any right to insist that the employee works any KIT occasions.

Any work carried out as a KIT occasion, (the minimum time is half an hour) will be counted as a whole KIT occasion. They can be taken as single days; hours; in blocks of two or more days; or can be taken consecutively. In order to ensure that employees still qualify to receive SMP, SAPP or SAP **no more than 10 occasions should be worked during the entire Maternity/Additional Maternity Support (Paternity) /Adoption Leave period.**

**Payment for KIT**

Payment will be received for any KIT occasions that are worked, paid at the employees basic rate for the hours worked. However the employee will not be able to take their earnings above full pay by receiving payment for KIT. The amount of pay received for KIT will vary depending on where they occur in an employee’s Maternity/Additional Maternity Support (Paternity) /Adoption Leave (e.g. if the employee is on full pay they will receive no additional pay but if they are on unpaid leave then they would receive the full hourly rate for the time worked) as explained in the table below.

|  |  |
| --- | --- |
| **When the KIT occasion occurs** | **How much will be paid** |
| Weeks 1-8 of Maternity / Adoption leave | No additional payment if already receiving full pay  |
| Weeks 9-26 of Maternity / Additional Maternity Support (Paternity) (20 weeks after birth or placement of child) / Adoption leave | Hourly rate will be paid until full pay is met for that week |
| Weeks 27-39 of Maternity / Additional Maternity Support (Paternity) / Adoption leave | Hourly rate will be paid until full pay is met for that week |
| Weeks 40-52 of Maternity / Additional Maternity Support (Paternity) / Adoption leave | Full hourly rate for the hours worked as this period of maternity is taken as unpaid leave. |

It is also possible for employees to claim the time back that they work as time in lieu. This may be of particular interest when the hours work fall at the beginning of the maternity/Additional Maternity Support (Paternity) /adoption leave period when no or little extra pay would be received for the hours worked.

Either payment of hours worked will be given *or* time in lieu may be taken. It is not possible for an employee to receive payment for hours worked and then claim the time back in lieu as well.

**Payment for hours worked as Keep in Touch will be paid when the employee returns to work.**

A change form should be submitted to inform payroll of your return to work date and any changes to be made e.g. working hours. Hours worked should be recorded on the KIT Record Form and submitted to Payroll in order to claim payment, where eligible. If you require any further information please refer to the Maternity/Paternity/Adoption sections within this policy, or contact the Human Resources Team.

# Keep in Touch Record

**After carefully reading the guidelines on the previous page, please record any hours worked as Keep in Touch whilst on Maternity, Additional Maternity Support (Paternity) or Adoption leave in the table below. Payment for hours worked will be paid when the employee returns to work.**

Name of employee: ...........................................................

Base: .................................................................................

Payroll (assignment) number: \_ \_ \_ \_ \_ \_ \_ \_

Type of Leave: Maternity / Additional Maternity Support (Paternity) / Adoption Leave (delete as appropriate.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Week number of leave** | **Start time** | **Finish time** | **Total hours worked (excluding breaks)** | **Please indicate:****time in lieu or payment** |
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Employee signature: ...............................................................

Manager’s signature: ..............................................................

Once signed by both employee and Manager, please forward a copy to:-

Human Resources Team, eMBED Health Consortium , Health House, Grange Park Lane, Willerby, HU10 6DT