

**Maternity Leave Notification**

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| **Name:**  |   |
| **Date of Birth:**  |   |
| **Job Title:**  |   |
| **My Last day of work will be on:**  |   |
| **I will start my maternity leave on:**  |   |
| **My expected date of childbirth is**  |   |
| I enclose herewith my MATB1/medical certificate issued by my doctor/midwife/recognised medical practitioner confirming the date my baby is due.  |
| **Signed:**  |   |
| **Dated:**  |   |
| To qualify for maternity leave, you must return this completed form to NHS Professionals.If you are an Allied Health Professional, Health Care Scientist or Social Worker please contact-ahp&hcs@nhsprofessionals.nhs.ukIf you are a Doctor, please contact- doctorsplacement@nhsprofessionals.nhs.uk This must be returned by no later than the 15th week prior to your expected week of childbirth (qualifying week).  Please note that your maternity leave cannot begin prior to the 11th week before your expected week of childbirth (except where the child is born prematurely, in which case it may start earlier)  |

**The below is for NHS Professionals’ use only:**

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| HR Action Points:  | ✓ (Tick)  |
| Apply the maternity restriction on FW profile (staff bank)  |   |
| Save the Original MATB1 and Notification forms in FW folder  |   |
| Send the Maternity letter to FW confirming their maternity leave  |   |
| Add the FW to maternity log for Payroll  |   |
| Create a Folder in the P – drive and save MATB1 for Payroll to view  |   |

Completed by:

HR Assistant:

Date: