Marsh Green Primary School
MATERNITY OPTIONS FORM
This form must be sent at least 30 days before you intend to start maternity leave

I intend to exercise my rights to take maternity leave in accordance with the letter and guidance from the Schools Human Resources Team.

Only when you have received your MATB1, please send this form together with the MATB1 otherwise this may result in your Maternity Payment being late.

A ☐ To avoid any over payment of my maternity entitlement I wish to have my half pay paid to me as a lump sum when I return to duty after my maternity leave. I understand that in order to qualify for the half pay I must return to duty for at least 13 weeks/3months.

B ☐ I undertake to return to my post after my maternity leave and work for at least 13 weeks/3 months. If I fail to do so, I undertake to PAY BACK to the Council the half pay maternity leave benefits paid to me in excess of the Statutory Maternity Pay.

*C ☐ I am planning not to return to work after Maternity Leave and I will not receive half pay

***Please only tick this box if you are sure that you will not be returning. If you have any doubts tick box A.**

I intend to start my maternity leave on _____

(this must be no earlier than 11 weeks before the due date and no later than the expected week of childbirth, in some medical circumstances, your maternity leave may automatically start before the date you have elected)

My Intended length of maternity leave is _____ **weeks**
(26 weeks statutory, 52 weeks maximum. You can change this later)

Signature _____

Name _____
(*Please Print*)

Employee Number _____
(If Known)

Post _____

Place of Work **Marsh Green Primary School**