Maternity Policy

**Purpose & Aims**

The purpose of the Maternity Policy is to provide time off for employees, who are pregnant, have recently given birth or who are breastfeeding up to the 104th week after the birth of the child.

The policy also provides time off for male employees in the event of the death of the mother during, or shortly after the birth.

All the rights and protections outlined below also apply to transgender men who are pregnant or have given birth. The employee must have a gender recognition certificate, in accordance with the Gender Recognition Act 2015.

**Details**

In accordance with the Maternity Protection Act, 1994, and subsequent amendment to the Act, an

expectant mother is entitled to 26 consecutive week’s maternity leave. The employee must take at

least two weeks leave before the expected date of the birth, and at least four weeks after the birth.

In addition she may take an additional 16 consecutive weeks' unpaid leave immediately after her

maternity leave.

During their maternity leave, employees are entitled to receive state maternity allowance during the

26 weeks of the maternity leave. Application forms for this allowance are available from the

Department of Social Protection. A claim for this benefit must be made 6 weeks before the

employee intends to commence her maternity leave.

Upon confirmation that an employee is pregnant, confirmation in the form of a note from your General Practitioner should be sent to **POSITION** as soon as is possible.

An employee must give written notification of their intention to take maternity leave at least four weeks prior to the commencement date along with an accompanying medical certificate confirming the pregnancy and the date of confinement.

An employee must also give four weeks’ notice of their intention to take additional maternity leave and their return to work date.

Where a pregnant woman is employed on a specified purpose/fixed term contract and the contract

ends while the woman is on maternity leave, the maternity leave ends on the same day.

**Policy Outline**

* Employees must notify **POSITION** by completing and submitting the attached application form, of their intention to take maternity leave no less than 4 weeks before the maternity leave begins.
* A medical certificate must be submitted confirming the pregnancy and giving the expected date of confinement.
* The employee will receive 26 weeks maternity leave
* At least 2 weeks leave must be taken before the expected birth of the baby and no less than 4 weeks after the birth of the baby.
* No more than 24 weeks can be taken after the birth of the baby. Within these parameters, the employee can choose how to divide their maternity leave before and after the birth of the baby.
* In the case of a premature birth, an employee’s 26 weeks maternity leave begins immediately and dates from the day of the birth.
* An additional 16 weeks maternity leave may be taken in addition to the 26 weeks, should the employee require it, there is no Company or State payment for this leave.
* If the employee wishes to take additional maternity leave, they must notify **POSITION** in writing of this intention, no later than 4 weeks before the date they are due to return to work.

**Ante Natal and Post Natal Care**

* An employee is entitled to time off work without loss of pay to attend one set of ante-natal classes
* An expectant father is entitled once only to time off from work without loss of pay to attend the last two ante-natal classes before the birth.
* Employees must give two weeks’ notice of appointments, except in emergency cases.
* Employees should make appointments that will cause minimal disruption to their work schedule.

Employees are required to return to work when their appointment finishes during their scheduled hours.

* A medical certificate or appointment card must be submitted to the **POSITION** prior to or upon return from the class or appointment.

**Protection of Employment Rights**

* All employees’ rights are protected while on maternity leave.
* Though the employee will not be working, public holidays, annual leave and sick leave will continue to accumulate during all paid leave.
* Force majeure, parental or adoptive leave is not considered to be part of maternity leave.
* Maternity leave is included as continuous and reckonable service.

**Applying for Maternity Leave**

* Requests for maternity leave must be submitted to the **POSITION** no less than 4 weeks before the maternity leave is expected to begin.
* A medical certificate must be submitted confirming the pregnancy and giving the expected date of the confinement.

**Breastfeeding**

Uponreturn to work, employees who are breastfeeding are entitled to, a paid break of one hour, (where suitable facilities are available) or a reduction of working hours, without a loss of pay, for up to two years (104 weeks) after giving birth, to facilitate breastfeeding. The one hour break may be split into shorter periods of time totalling one hour. This time may be taken as:

* One 60 minute break
* Two 30 minute breaks
* Three 20 minute breaks

Part-time employees will be entitled to a pro rata benefit.

If the employee wishes to continue to breastfeed on returning to work, they must notify **POSITION** in writing of this intention, no later than 4 weeks before the date they are due to return to work.

**Returning to Work**

* Employees must notify **POSITION** in writing of their intention to return to work no later than 4 weeks before their intended return.
* When maternity leave ends, employees will return to their usual job so far, as is reasonably practical, if this is not possible, they will be offered suitable alternative work, with the terms and conditions not substantially less favourable than those they had in their original job.

**Abuse of this Policy**

Any abuse in the application of this policy will be dealt with in accordance with the Company’s Disciplinary Policy and Procedure and may result in disciplinary action being taken, up to and including dismissal if proven to have occurred.

Maternity Leave Notification Form

**Personal Details**

Employee Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Part- Time  Full-Time 

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Maternity Leave Details**

Commencement Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Due Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(A certificate showing the date of expected confinement must accompany this application form)

Expected Return Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No. Public Holidays \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Maternity Leave

Please note that you must notify the \_\_\_\_\_\_\_\_\_\_\_\_(Department) 4 weeks prior to the end of your maternity leave if you wish to take the 16 weeks additional leave. This leave is unpaid, and you will not be entitled to social welfare payments under the Maternity Act 1994 & 2004 during these 16 weeks.

Are the 16 weeks additional Leave being taken: Yes  No 

Expected Return Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signed**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee

Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager