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