**A black text on a white background

Description automatically generatedREQUEST FOR MATERNITY LEAVE FORM**

1. **Personal Information**

|  |  |
| --- | --- |
| **Your name:** |  |
| **Your job title:** |  |
| **The school you work in or area of the Trust:** |  |

1. **Maternity Leave Information**

|  |  |
| --- | --- |
| **The expected week of childbirth is:** |  |
| **The date I wish to commence my maternity leave is[[1]](#footnote-1):** |  |
| **Please indicate whether you attach your MATB1 Form with this request or whether you will send it to** [**HR@girlslearningtrust.org**](mailto:HR@girlslearningtrust.org) **in due course:** |  |

1. **Conditions for receiving Occupational Maternity Pay**

For staff who meet the eligibility requirements for Occupational Maternity Pay (OMP), a qualifying condition is that the Trust expects staff to return to work for at least 13 calendar weeks under the terms of their existing contract (including periods of school closure). If you do not do this, the Trust may require you to refund some, or all, of the OMP that you have received after the 6th week of maternity leave. You will not be required to refund any SMP that forms part of your OMP.

The 13-week period starts:

* From the date you return to work, or
* The date after maternity leave ends. This includes both term time and school holidays.

If you do not intend to return to work after maternity leave you will not be entitled to OMP. You may still be entitled to SMP or Maternity Allowance if you meet the criteria.

Please indicate your intention in the table below:

|  |  |
| --- | --- |
| **Please specify whether it is your intention to return to work after your maternity leave:** |  |
| **If yes, please specify the date on which you currently intend to return to work:**  **(please note that this is not binding, and should you later change your mind you are entitled to do so):** |  |

1. **Form submission**

Please submit this form to your Headteacher or senior manager if you work within the wider Trust, and please copy it to [HR@girlslearningtrust.org](mailto:HR@girlslearningtrust.org) at least 15 weeks before the expected week of childbirth.

HR will write to you within 28 days of your notice confirming your maternity leave start and end dates and letting you know next steps.

1. **Declaration**

By signing this form, you acknowledge that if you do not return to work for a total period of 13 weeks after the end of your maternity leave, you will have to repay the OMP which you have received.

You give your consent for any deductions for the overpayment of OMP to be taken from any salary owed to you. In the event of you not receiving any salary, you confirm that any overpayment of OMP will be repaid either on or before your last day of employment.

|  |  |
| --- | --- |
| **Your signature:** |  |
| **Date:** |  |

1. If you want to change the day you start your maternity leave, you must notify us of the new day 28 days before your maternity leave was originally due to start **or** 28 days before the new date – whichever of the 2 dates is earlier. [↑](#footnote-ref-1)