

12. Maternity Scheme for Teachers

Notification of Intention to Commence Maternity Leave

Name: _____

Address: _____

Email: _____

School/Service _____ Payroll Number ET _____

Permanent/Temporary/Supply _____

Start Date of Continuous Service with Rochdale _____

Please Complete All Details Below

Expected week of confinement _____

Intended commencement date of maternity leave _____

I * do/do not qualify for Statutory Maternity Pay

I * wish/do not wish to exercise my right to return to work after the birth of my baby and therefore I* wish/do not wish to receive Occupational Maternity Pay (12 weeks at half pay) during my maternity leave.

I * enclose/do not enclose my maternity certificate (form MATB1).

I will give 28 days' notice of my return to work if I wish to return before the end of my 52 week maternity leave.

Signed _____ Date _____

Please return this form to your Headteacher or Head of Service.

Headteachers and Heads of Service should forward all documentation and information to the Operational HR Service, Floor 2, Number One Riverside, Smith Street, Rochdale OL16 1XU