

North Eastern Region

Pers 35

This form **must** be completed, signed and returned to Human Resources, not later than the end of the 15th week before expected week of childbirth.

Failure to comply with the conditions of the Maternity Leave Scheme without good reason may lead to a loss of benefits and a loss of right to return to work. The information given on this form will also be used to assess your entitlement to statutory maternity pay.

Quick Guide to Timeframes

Maternity Pay

Occupational Maternity Pay <u>or</u> Statutory Maternity Pay <u>or</u> Maternity Allowance (as appropriate depending on eligibility)	Statutory Maternity Pay <u>or</u> Maternity Allowance (as appropriate depending on eligibility)	Any leave taken beyond 39 weeks is unpaid
Up to 18 weeks	Up to 21 weeks	

Maternity Leave

Ordinary Maternity Leave (OML)	Additional Maternity Leave (AML)
Up to 26 weeks	Up to 26 weeks

PART A – To be completed by employee (please use block capitals)

Name: _____	Address: _____
Employee No.: _____	Postcode: _____
Post(s) held: _____	Location: _____
Date employment commenced: _____	Hours per week: _____

Expected date of childbirth	
Certificate of confinement, MATB1 attached	Yes <input type="checkbox"/> No <input type="checkbox"/>

Part A continued.

Date Ordinary Maternity Leave (OML) to commence	
Number of weeks OML required: (up to 26 weeks)	
Is it your intention to resign from work?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is it your intention to apply for Additional Maternity Leave (AML)? (up to 26 weeks - please see notes for guidance)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date you wish your Maternity Leave to end	
If any of your Additional Maternity Leave is unpaid, do you wish to pay pension contributions? ¹	Yes <input type="checkbox"/> No <input type="checkbox"/>
NB: The Education Authority requires notice of 8 weeks if you propose to return to work from maternity leave earlier than date specified.	

Is it your intention to transfer a portion of your maternity leave to the father or spouse/partner?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>NB: Where you intend to transfer any portion of your maternity leave, form SC7 must be submitted as appropriate</i>	
I wish to claim for maternity leave/pay in accordance with the Education Authority's Maternity Leave	

¹ Paid Maternity Leave

During a period of maternity leave a NILGOSC member will build up 1/49th assumed pensionable pay if they are in the main section or 1/98th assumed pensionable pay if they are in the 50/50 section. The member pays contributions on the actual pay received while the employer pays contributions on the Assumed Pensionable Pay effective from 1 April 2015.

Unpaid Additional Maternity Leave (the last 12 weeks of maternity leave - week 40 to 52)

During a period of unpaid maternity leave the Education Authority will no longer deduct contributions for the first 30 days' absence with effect from 1 April 2015. Instead you can opt to buy back the pension 'lost' through an Additional Pension Contribution (APC) contract either over a period of time or as a one-off lump sum. Additional Pension Contributions can only be purchased for those active members. It is an employee's responsibility to pay an APC in full before leaving employment.

Further details can be found on the Education Authority's Website; or on the Northern Ireland Government Officers Superannuation Committee website www.nilgosc.org.uk or alternatively, you may contact your Regional Human Resources Section or NILGOSC, 411 Hollywood Road, Belfast, BT4 2LP, Tel 0845387346 / info@nilgosc.org.uk.

Scheme and the Government's Statutory Maternity Pay Scheme. I have read the Maternity Leave Scheme and agree to comply with the conditions therein. I authorise the Education Authority to seek recovery of any occupational maternity pay paid to me under the Education Authority's Maternity Leave Scheme if I do not return to work after my period of maternity leave for a period of 3 months. I agree that these monies can be deducted from any salary/monies due to me from the Education Authority.

Employee Signature:		Date	
Line Manager/Principal Counter Signature		Date	

INTERNAL TRAWLS

In recognition of the Education Authority's commitment to equality of opportunity, the Education Authority will provide a copy of any internally trawled posts to employees on maternity leave. Please provide your contact details for receipt of this information:

Postal/E-mail address: _____

I do not wish to receive copies of internal trawls while I am on maternity leave

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For office use only –

Maternity leave approved from _____ to _____ (maximum 52 weeks)

Please return this completed and signed form to the Staff Welfare and Absence Branch (HR), EA North Eastern Region, 182 Galgorm Road, BALLYMENA BT42 1HN