#### Teacher Staff Maternity Entitlements

|  |  |  |  |
| --- | --- | --- | --- |
| What service do I have? | What options are available to me? | How much maternity leave am I entitled to? | What maternity pay am I entitled to? |
| **Less than 26 weeks service,** irrespective of hours worked, as at the 15th week before the expected week of childbirth (EWC) | **A** I would like to return to work | Up to 52 week's absence in total including up to 11 weeks before the expected week of childbirth | Form SMP 1 should be provided from your payroll provider to be submitted to the Benefits Agency who will arrange for Statutory Maternity Allowance to be paid to you, subject to qualifying |
| **B** I would like to resign | Up to 52 weeks leave in total including up to 11 weeks before the expected week of childbirth | As above |
| **26 weeks or more**,irrespective of hours worked, as at the 15th week before the expected week of childbirth **and less than 1 year’s service** as at the 11th week before the expected week of childbirth (EWC) | **C** I would like to return to work | Up to 52 weeks absence in total including up to 11 weeks before the expected week of childbirth | Depending on salary and average earnings:  6 weeks higher rate SMP at 90% of average earnings followed by 33 weeks lower rate SMP and the remainder unpaid |
| **D** I would like to keep my options open as I may choose to resign or to return to work | Up to 52 weeks absence in total including up to 11 weeks before the expected week of childbirth | Depending on salary and average earnings:  6 weeks higher rate SMP at 90% of average earnings followed by 33 weeks lower rate SMP and the remainder unpaid |
| **E** I would like to resign | Up to 52 weeks leave in total including up to 11 weeks before the expected week of childbirth | Depending on salary and average earnings:  6 weeks higher rate SMP at 90% of average earnings followed by 33 weeks lower rate SMP |
| **At least 1 year’s continuous service**, irrespective of hours worked, as at the 11th week before the expected week of childbirth (EWC) | **F** I would like to return to work | Up to 52 weeks absence in total including up to 11 weeks before the expected week of childbirth | 4 weeks at full pay and 2 weeks at 90% of full pay followed by 12 weeks half pay.  You must return to work for a minimum of 13 weeks otherwise the 12 weeks half pay must be repaid.  Plus, depending on salary and average earnings:  33 weeks lower rate SMP to be paid alongside the 12 weeks at half pay |
| **G** I would like to keep my options open as I may choose to resign or to return to work | Up to 52 weeks absence in total including up to 11 weeks before the expected week of childbirth | 4 weeks at full pay and 2 weeks at 90%. Plus depending on salary and average earnings:  33 weeks lower rate SMP and the remainder unpaid  The 12 weeks at half pay will only be paid if you return to work for a minimum of 13 weeks |
| **H** I would like to resign | Up to 52 weeks leave in total including up to 11 weeks before the expected week of childbirth | 4 weeks at full pay and 2 weeks at 90%. Plus depending on salary and average earnings:  33 weeks lower rate SMP |

SMP - Service for SMP is continuous service with the current employer only and is only payable if employed during the 8 week period 15 weeks before the expected week of childbirth, subject to the qualifying period.

#### Teacher Application for Maternity Leave and Pay

Please read the maternity policy and the table overleaf, then complete and return the form below to the school office during or before the 15th week before your expected week of childbirth.

|  |  |
| --- | --- |
| Name: |  |
| Payroll Number: |  |
| Home Address: |  |
| School Name: |  |

Maternity Options

Please tick one option below. Refer to table overleaf.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| A | C | D | F | G |
|  |  |  |  |  |
| First date of maternity leave:  I understand this date can be altered and I must give at least 28 days’ notice of the revised date maternity leave is to commence. | | |  | |

|  |  |  |
| --- | --- | --- |
| B | E | H |
|  |  |  |

I do not intend to return to work and thereby wish to formally terminate my contract of employment effective from:

Date:

The end of my maternity pay period

I have read and understand the maternity policy, which I have retained.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |

**NB.** If you are intending to take a period of unpaid absence during your maternity leave you should be aware that you will not pay contributions during this period. You are advised to contact Teachers Pensions to seek advice on the effect that a period of unpaid maternity leave will have as well as any options available to enhance your pension: [www.teacherspensions.co.uk](http://www.teacherspensions.co.uk)

Expected Week of Childbirth (EWC)

The MATB1 certificate is available from your midwife from the 20th week of pregnancy onwards **(please tick)**

I enclose my MATB1 certificate with this form.

I will forward my MATB1 certificate to the School as soon as possible and understand that I will not receive any maternity pay until I provide this.

Keeping in Touch Days

You are entitled to “keep in touch” with the workplace for up to a maximum of 10 days during your maternity leave without affecting your entitlement to statutory or contractual maternity pay. The exact arrangements for “keeping in touch” must be discussed with your Principal/Headteacher/Line Manager.

I wish to discuss with my Principal/Headteacher/Line Manager arrangements for “keeping in touch” days.

I do not wish to discuss arrangements for “keeping in touch” days but reserve the right to discuss this with my Principal/Headteacher/Line Manager at a later date during my maternity leave.

Authorising Signature

I confirm that an assessment to identify hazards that could be a risk to any new, expectant, or breastfeeding mothers has been or will be undertaken and I have discussed “keeping in touch” days with the employee if requested.

**I certify that I have seen the original MATB1 certificate**

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |

**Please return this completed form to EPM as soon as possible to enable a response to be provided to the employee within 28 days of this form being returned to the School office.**