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**Notification of intention to take maternity leave**

On completion please hand this form to your Headteacher/Line Manager.

*Please attach your* ***MATB1***

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| **Personal Details** |
| Preferred title…………………………  Full name…………………………………………………………………………………………………………………  Home Address…………………………………………………….……………………………………………………  ………………………………………………………………Post Code ………………………  Home Telephone Number……………………………………………………………………  National Insurance Number…………………………………………………………………  Personnel Number………………………………………………………………………………  School………………………………………………........ School Ref. No…………………  Post Held……...…………………………………………………………………………………  Teaching staff Non-teaching staff |
| **Your dates for pay and leave** |
| Expected date of childbirth …………………………………………………………………………  Date of the beginning of 11th week before childbirth……………………………………………  Date on which maternity leave is expected to start ……………………………………………  *Must not be earlier than 11th week date* |
| I elect to take option………………………………………………………………………..  *(please refer to Maternity Leave Pay Entitlements document)*  Or (if eligible for OMP)    Please tick if you would like us to withhold 12 weeks half pay until you return to work.  Date service commenced with the Agora Learning Partnership ………………………………………  *If less than 26 weeks from the beginning of the 15th week before the EWC* |
| **Declaration** |
| I, the above named, wish to inform you that I am pregnant and wish to take maternity leave.  I understand that the occupational maternity pay is conditional on returning to work as detailed in the ALP Maternity Policy.  If I do not fulfil this obligation I am obliged to repay part or all of my occupational maternity pay to my employer.  I confirm that I have read the ALP Maternity Policy.  The information provided in this application is true and accurate  Signed ……………………………………………………… Date ……………………………….... |
| **Authorisation** |
| I have checked the above information  Signed …………………………………………………….. Date ………………………………......  *Headteacher/Line Manager* |

Once signed by both parties, please hand to the school office for sending to the payroll provider for processing.