SUMMARY OF NOTIFICATIONS REQUIRED FROM COLLEAGUE IN RESPECT OF MATERNITY LEAVE

Please read the Maternity Policy with your line Manager to ensure your understanding of the Maternity Benefit Scheme that applies to you.

Name:				
Position:				
Colleague No:				
Dept:				
Line Manager:				
Due Date:				
Copy of Doctor's Letter (Y/N	N):			
Notification of intention to ta <i>Maternity Leave (up to 26 wee</i>	•	aves		
I hereby notify my Line Mana	ger of my intenti	on to take Mater	nity Leave.	
My Maternity Leave will com	mence on: Day_	Month	Year	
My Maternity Leave will finis	h on: Day_	Month	Year	
Other notification requirement Holidays being taken If I intend to take holidays direction on the Manager in wrates. Leave.	ectly after materr	•		7
My holidays will commence o	n: Day	Month	Year	
My holidays will finish on:	Day	Month	Year	
Additional Maternity Leave (uple If I decide to take additional manager in writing at least 4 value decided before going on additional 16 weeks unpaid manager.	naternity leave I weeks before the maternity leave t	end of my Mater	nity Leave. Where	
My additional Leave will com	mence on: Day	Month	Year	

My ad	ditional Maternity Lea	ve will finish on: D	ayMon	thYear	
If I into my em work b	on to Return to Work end to return to work a aployer in writing 4 we before my Maternity Lea and be certified as fit	eks before I am due eave is complete I c	e to return. If I can only do so 4	decide to return t	to
Appro	x. return date:	Day	Month	Year	
	do not intend to return ation at least 4 weeks b				of
Notes					
2. 3. 4. 5. 6.	All of the above dates your Line Manager giving 4 we Public holidays that fa or holidays can be add Public Holiday that fa leave or holidays. The agreement with your statutory Public Holida a. 1st January b. St Patrick's D c. Easter Monda d. The first Monda d. The first Monda f. The state Monda f. St Stephen's I If the Public Holiday transferred to another Early confinement - state Confi	ceks notice. all during your mat ded on to the end of alls during your ma ese should be added Line Manager. For lays as follows: ay y day in May day in June day in August lay in October y Day falls on a Sunday th date as defined by ee attached nity Policy for addit	ernity leave add f your leave. You ternity leave add I to the end of you information, The men the public ho the company.	itional maternity ou are entitled to litional maternity our leave with pr ere are a total of oliday will be ont for obtaining	leave any y rior nine
-	yees Act, 1994.	(Colleggia) De	oto:		
Signed	l: l:	(Colleague) Da (Employer) Da	ate:		

GIVE COPY TO COLLEAGUE AND LINE MANAGER. ORIGINAL SHOULD BE SENT TO PEOPLE TEAM FOR THE COLLEAGUE'S FILE.

DEFINITIONS:

Maternity Leave:

All colleagues covered by the Maternity Protection of Employees Act, 1994 are entitled to a minimum period of 26 weeks maternity leave, subject to certain conditions. The employer is not obliged to pay a colleague during this period. A colleague may claim Social Welfare maternity benefit for the duration of their maternity leave, provided that they have the necessary P.R.S.I contributions.

Of the 26 weeks, a colleague must take at least 2 weeks before the end of the (medically certified) week in which her baby is due, and 4 weeks after that week. The remaining weeks may be taken before or after the birth as the colleague wishes.

Additional Maternity Leave

An additional period of 16 weeks' leave may be taken immediately following the maternity leave period. This leave is referred to as "additional maternity leave". No Social Welfare benefit is payable during a period of additional maternity leave.

An Early Confinement

If the baby is born earlier than expected and the mother is not yet on maternity leave, her employer must be notified in writing within 14 days of the birth. The colleague will then be entitled to 26 weeks leave from the date of the birth. This notification supersedes the normal notification requirement.

A Late Confinement

In general, if the baby is born later than the expected week of confinement, no extension of maternity leave is given and the mother's expected date of return to work remains the same. Consequently, she does not need to make any notification to her employer.

However, if the late birth means that a colleague has less than 4 weeks maternity leave remaining after the week in which her baby was born, then she may extend her maternity leave to give her a full 4 weeks after the week in which her baby was born. The maximum extension is 4 weeks. This is classed as extended maternity leave and Social Welfare benefits still prevail. This extended maternity leave should not be confused with additional maternity leave, which the Social Welfare does not cover.

Confirmation of Maternity Leave

To be completed by the Employer before the commencement of the leave concerned.

Name of Colleague:		
Position:		
Colleague No:		
Dept:		
Line Manager:		
Address of Colleague:		
Approved Date of Commencement	:	
Duration of Leave:		
Signature of Employer / Manager:		
Signature of Colleague:		
Date:		