



MAT - 2

Maternity Leave – Pro Forma

Name:	Pay No:
Service Group/Area:	Post:
Line Manager:	Ext:

Expected week of child birth:
I intend to start my maternity leave on:

Please attach your MATB1 (if not sent previously) to this form as SMP cannot be paid without it.

From the following options please mark as appropriate.

I wish to receive Occupational Maternity Pay. This payment will be made with my salary in the normal way. If I do not return to work or if I do not return to work for a period of 13 weeks [full time equivalent], I acknowledge that I will have to reimburse the Academy such monies owed.	
I do not wish to receive Occupational Maternity Pay. Retain this payment until I return to work.	

For further advice on pension contributions please contact the Pensions Division.

Signed Date