

### Notice of special maternity leave

Name:		C Number:	
Position:			
School/Office:			
<b>Employee special maternity leave details</b>			
Expected Leave Period	Start date:	End date:	Total period:
<b>Evidence</b>			
<input type="checkbox"/> I have attached a medical certificate that states the reason for special maternity leave.			
<b>Additional Information</b>			
<input type="checkbox"/> I wish to access any accrued paid personal leave during my special maternity leave.			
Additional comments (if any):			
Employee signature:		Date:	
<b>Employer response</b>			
<input type="checkbox"/> The employee is entitled to special maternity leave.			
Additional comments (if any):			
Employer signature:		Date:	