

Notice of special maternity leave

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

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Guidance Notes for Employees:

- Read clause 11 of Appendix 1. Providing this completed form to your Employer satisfies the requirement for notice in clause 11(2).
- Provide to your Employer at soon as practicable (in some circumstances this may be after the leave has commenced).
- Enclose a medical certificate stating that you are not fit for work because of a pregnancy-related illness or because the pregnancy ended by miscarriage/still-birth within 28 weeks of the expected date of birth of the child (e.g. after 12 weeks into the pregnancy).
- If you are entitled to special maternity leave you may elect to take any accrued paid personal leave (e.g. sick leave) during that period.
- If you do not know the end date of the special maternity leave, note this under 'Additional comments' provide an estimated end date and keep your Employer updated.

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Guidance Notes for Employers:

- Read clause 11 of Appendix 1. Providing this completed form to you satisfies the requirement for notice in clause 11(2).
- Complete and return to the Employee as soon as practicable. Retain a copy for the school's records.
- If the Employee is entitled to special maternity leave she may elect to take any accrued paid personal leave (e.g. sick leave) during that period.