

# **MATERNITY LEAVE APPENDICES DOCUMENT**

These appendices are to be used in accordance with the Maternity section of the Maternity, Maternity Support (Paternity), Adoption and Parental Leave Policy.

Appendix 1	Maternity Leave Options/Entitlements
Appendix 2	M1 - Application for Maternity Leave
Appendix 3	Initial Letter (Maternity Leave)
Appendix 4	Letter to employee (Maternity Leave)
Appendix 5	KIT Record
Appendix 6	Maternity Risk Assesment

Maternity Leave Options / Entitlements

<u>Maternity Leave Options / Entitlements</u>							
	Returning to work following	Not returning/undecided whether to					
	Maternity Leave	return to work following Maternity					
_		Leave					
12 months or more continuous service with NHS at the beginning of 25 <sup>th</sup> week of pregnancy	<ul> <li>OPTION 1         <ul> <li>8 weeks at Full Pay including any SMP, MA or equivalent benefits receivable</li> <li>18 weeks at Half Pay reduced only where half pay plus SMP, MA or equivalent benefits exceeds full pay</li> <li>13 weeks at SMP (if payable)</li> <li>13 weeks Unpaid Leave</li> </ul> </li> </ul>	<ul> <li>OPTION 2</li> <li>6 weeks SMP, paid as 90% of Full Pay (of average weekly earnings)</li> <li>33 weeks at the lesser of standard rate SMP or 90% of average weekly earnings</li> <li>13 weeks Unpaid Leave</li> </ul>					
More than 26 weeks but less than 12 months continuous service with NHS by the start of 15 <sup>th</sup> week before EWC	<ul> <li>OPTION 3</li> <li>6 weeks at 90% Full Pay</li> <li>33 weeks at the lesser standard rate of SMP or 90% of average weekly earnings</li> <li>13 weeks Unpaid Leave</li> </ul>	<ul> <li>OPTION 4</li> <li>6 weeks at 90% Full Pay</li> <li>33 weeks at the lesser standard rate of SMP or 90% of average weekly earnings</li> <li>13 weeks Unpaid Leave</li> </ul>					
Less than 26	ODTION F	ORTION 6					
	OPTION 5	OPTION 6					
weeks continuous service with NHS at the beginning of 25 <sup>th</sup> week of pregnancy	• 52 weeks Unpaid Leave	• 52 weeks Unpaid Leave					

PERSONAL	INFORMATION					
Full Name		Assignment Number:				
Job Title:	Base:					
Line Mana	ne Manager: Hours Worked:					
Date of Ap	pointment with NHS:	Date Joined this Organisation:				
Address fo	r Correspondence:					
		Postcode:				
E-mail Add						
Contact Nu						
Home:	Work:	Mobile:				
MATERNIT						
	ed date of confinement is:					
	commence my Maternity Leave on:	Reason: annual leave/maternity				
MATB1 Att	ached: Yes / No If not, please forward at le	ast 28 days prior to commencement of Maternity	Leave			
I have read	and understood the Maternity Policy and I wish to	take the following Maternity Leave (please tick)				
Option	De	tail	Tick			
Option 1	I have 12 months or more continuous service wit	h the NHS and I wish to take 52 Weeks				
	Maternity leave including 39 weeks occupational	and statutory Maternity pay, plus up to 13				
	weeks unpaid leave. I am entitled to return to w	ork at any time up to 52 weeks after the date I				
	left work, and if I do return earlier I will inform th	- · · · · · · · · · · · · · · · · · · ·				
	of this intention. I understand I must return to w	_				
	organisation for a minimum period of 13 weeks.	_				
	that I shall be liable to repay any money not due					
Option 2	I have 12 months or more continuous service wit					
	about my commitment to return to work. Please					
	only. In the event of my return to work for a min pay the balance of my Occupational Maternity Pa	•				
Option 3	I have more than 26 weeks service with *organis	•				
Option 3	service with the NHS at the beginning of the 25 <sup>th</sup>					
	Statutory Maternity Pay. I will remain absent fro					
	which I will be returning to work.					
Option 4	I have more than 26 weeks continuous service with the NHS at the beginning of the 25 <sup>th</sup> week of					
	my pregnancy and will not be returning to work. Please arrange for payment of my Statutory					
	Maternity pay.					
Option 5	I have less than 26 weeks continuous service with the NHS at the beginning of the 25th week of					
	my pregnancy and will be taking unpaid Maternit	ty Leave for a period of up to 52 weeks after				
<b>.</b>	which I will be returning to work.	Lil Aug				
Option 6	I have less than 26 weeks continuous service with	n the NHS at the beginning of the 25 " weeks of				
CICNIATUR	my pregnancy and will not be returning to work.					
SIGNATUR		TO III TO THE TOTAL THE TAXABLE TO T				
	ave read the Maternity Policy and attachments and	d fully understand and accept the conditions that				
Signed (Em	n leave to be granted to me	igned (Manager):				
Print Name	::P	rint Name:	_			
Date:		Pate:				
Please forward the original of this form to the Human Resources Team by the <b>15</b> <sup>th</sup> week before your expected week						
of childbirt	h					
Office Use	Only - Mat B1 Seen? Yes / No Copy	of form taken and sent to payroll (date and initial	als)			



DATE

### **Private & Confidential**

Human Resources Team Yorkshire & Humber CS

ADDRESS ADDRESS ADDRESS

Tel no: Email:

Dear (NAME),

# RE: MATERNITY LEAVE - (NAME) - (N.I. NUMBER) - (ASSIGNMENT NUMBER)

Thank you for informing me about your pregnancy.

Please find enclosed a Maternity Information Pack, which includes the Application for Maternity Leave form which will need to be completed by yourself, signed by your Manager and sent to the above address together with your MATB1 form. These need to be submitted no later than [INPUT DATE of WEEK 25 OF PREGNANCY].

Once we have all the relevant forms and information we require, I will write to you further confirming your specified dates of Maternity Leave and all other relevant information you will require whilst on Maternity Leave. This will also include our Maternity/Childcare pack containing useful information within it.

If you would like to discuss your entitlement with a member of the Human Resources Team, please do not hesitate to contact me and we can arrange this for you.

With best wishes

Human Resources Support Officer CC: Line Manager

# Scarborough and Ryedale Clinical Commissioning Group

DATE

**Private & Confidential** 

Human Resources Team Yorkshire & Humber CS

ADDRESS ADDRESS ADDRESS

> Tel no: Email:

Dear (NAME),

# RE: MATERNITY LEAVE AND PAY - (NAME) - (N.I. NUMBER) - (ASSIGNMENT NUMBER)

Thank you for your recently submitted Application for Maternity Leave and your MATB1 form\* / your MATB1 form is still to be received\*. (\*DELETE AS APPROPRIATE) As requested in your application form, you have chosen the following option:

(Delete as required)

### **OPTION 1**

- 8 weeks at full pay including any SMP, Maternity Allowance (MA) or equivalent benefits receivable;
- 18 weeks at half pay reduced only where half pay plus any SMP, Maternity Allowance (MA) or equivalent benefits payable exceeds full pay;
- 13 weeks at SMP, if payable;
- 13 weeks unpaid leave.

Or

### **OPTION 2**

- 6 weeks SMP, paid as 90% of full pay (average weekly earnings);
- 33 weeks at the lesser of standard rate SMP or 90% of average weekly earnings;
- 13 weeks unpaid leave.

Or

### **OPTION 3 AND 4**

- 6 weeks at 90% of full pay;
- 33 weeks at the lesser of standard rate SMP or 90% of average weekly earnings;
- 13 weeks unpaid leave.

Or

### **OPTION 5 AND 6**

### • 52 weeks Unpaid Leave

You have indicated you wish your Maternity Leave to start on (INSERT DATE). However if you wish to change this date you must, if at all possible, advise me at least 28 days before your new proposed start date, or 28 days prior to your original start date; whichever would occur soonest due to the change.

If you decide to return to work before your Maternity Leave is due to end on (INSERT DATE), you must give me at least 8 weeks' notice of the date you intend to return to work to ensure Payroll can be informed accordingly.

Absence on Maternity Leave, whether paid or unpaid, counts as service towards the normal annual increment. Annual leave will continue to accrue during Maternity Leave, whether paid or unpaid, however Bank Holidays do not accrue.

Pension contributions will be deducted from your salary as normal during paid Maternity Leave and continue to be payable during unpaid leave. On return to work, arrears of contributions will be recovered and deducted from your salary over an agreed period. Please contact the pensions department direct to make the necessary arrangements.

As your employer we need to make sure that your health and safety as an expectant mother are protected whilst you are working, and that you are not exposed to any risk. Please liaise with your manager to ensure they carry out a Risk Assessment to identify any potential hazards in your workplace. We will discuss what actions to take if any problems are identified. If you have any further concerns following this assessment and specifically in relation to your pregnancy, please let me know immediately.

Before you begin your Maternity Leave please discuss and arrange with your manager how you will keep in touch during your time off. This is to enable you to continue to be in receipt of the most recent staff team briefs, current vacancies, or any other relevant and important information. There is also the option of Keep in Touch days, which would enable you to work for up to 10 voluntary occasions during your maternity leave without losing any Statutory Maternity Pay. Please see Appendix XX for further details.

### (IF STATED RETURNING ON APPLICATION)

If you decide not to return to work following your Maternity Leave you must still give the required notice period as per your contract of employment, ensuring you return to work for the required 3 month period, to comply with regulations or you may be liable to pay back any Maternity pay received less SMP.

Please do not hesitate to contact me if you have any questions about any aspect of your maternity entitlement.

With best wishes

**Human Resources Support Officer** 

### Maternity Keep in Touch

### **Keeping In Touch (Kit) Occasions**

The employee will be able to work **up to a maximum of 10** voluntary occasions during his/her Maternity, Additional Maternity Support (Paternity) or Adoption Leave without losing any Statutory Maternity/Additional Maternity Support (Paternity) / Adoption Pay.

KIT occasions are intended to help employees keep in touch with the workplace and could also help ease eventual return to work. The type of work done could be attending work for a training course, team meetings or for an appraisal interview. These are just examples, but whether employees take advantage of these occasions is their choice. Time that is worked should be agreed by both employee and their manager. Their manager does not have any right to insist that the employee works any KIT occasions.

Any work carried out as a KIT occasion, (the minimum time is half an hour) will be counted as a whole KIT occasion. They can be taken as single days; hours; in blocks of two or more days; or can be taken consecutively. In order to ensure that employees still qualify to receive SMP, SAPP or SAP no more than 10 occasions should be worked during the entire Maternity/Additional Maternity Support (Paternity) /Adoption Leave period.

### **Payment for KIT**

Payment will be received for any KIT occasions that are worked, paid at the employees basic rate for the hours worked. However the employee will not be able to take their earnings above full pay by receiving payment for KIT. The amount of pay received for KIT will vary depending on where they occur in an employee's Maternity/Additional Maternity Support (Paternity) /Adoption Leave (e.g. if the employee is on full pay they will receive no additional pay but if they are on unpaid leave then they would receive the full hourly rate for the time worked) as explained in the table below.

When the KIT occasion occurs	How much will be paid		
Weeks 1-8 of Maternity / Adoption leave	No additional payment if already receiving full pay		
Weeks 9-26 of Maternity / Additional	Hourly rate will be paid until full pay is met for that week		
Maternity Support (Paternity) (20 weeks			
after birth or placement of child) / Adoption			
leave			
Weeks 27-39 of Maternity / Additional	Hourly rate will be paid until full pay is met for that week		
Maternity Support (Paternity) / Adoption			
leave			
Weeks 40-52 of Maternity / Additional	Full hourly rate for the hours worked as this period of		
Maternity Support (Paternity) / Adoption	maternity is taken as unpaid leave.		
leave			

It is also possible for employees to claim the time back that they work as time in lieu. This may be of particular interest when the hours work fall at the beginning of the maternity/Additional Maternity Support (Paternity) /adoption leave period when no or little extra pay would be received for the hours worked.

Either payment of hours worked will be given *or* time in lieu may be taken. It is not possible for an employee to receive payment for hours worked and then claim the time back in lieu as well.

Payment for hours worked as Keep in Touch will be paid when the employee returns to work.

A change form should be submitted to inform payroll of your return to work date and any changes to be made e.g. working hours. <u>Hours worked should be recorded on the KIT Record Form and submitted to Payroll in order to claim payment, where eligible. If you require any further information please refer to the Maternity/Paternity/Adoption sections within this policy, or contact the Human Resources Team.</u>



# **Keep in Touch Record**

After carefully reading the guidelines on the previous page, please record any hours worked as Keep in Touch whilst on Maternity, Additional Maternity Support (Paternity) or Adoption leave in the table below. Payment for hours worked will be paid when the employee returns to work.

Name of employee: .....

Base:					
Payroll (assi	gnment) numbe	r:			
Type of Leavas as appropria		Additional Mater	nity Support (Pate	ernity) / Adoption	<u>Leave</u> (delete
Date	Week number of leave	Start time	Finish time	Total hours worked (excluding breaks)	Please indicate: time in lieu or payment
Employee si	gnature:				
Manager's si	gnature:				
Once signed	by both employ	ee and Manage	er, please forward	a copy to:-	
Human Reso Willerby, HU		orkshire & Hum	ber CS, Health Ho	ouse, Grange Par	k Lane,