

MATERNITY SUPPORT (PATERNITY) LEAVE APPENDICES DOCUMENT

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

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Ordinary Maternity Support (Paternity) Leave Options / Entitlements

Appendix 1

	Returning to work following Maternity Support (Paternity) Leave	
12 months or more continuous service with NHS by the beginning of the week in which the baby is due or the adopted child is due to be placed	<p><u>OPTION 1</u></p> <ul style="list-style-type: none"> • Payment made at full salary, including regular payments and bonus, less any SMSP, for up to two weeks (two consecutive weeks or two separate occasions of one week.) 	
41 or more weeks but less than 12 months continuous service with NHS by the beginning of the week in which the baby is due or the adopted child is due to be placed	<p><u>OPTION 2</u></p> <ul style="list-style-type: none"> • 1 week Maternity Support (Paternity) Leave paid at three days Maternity Support (Paternity) Leave plus remaining days SMSP only 	<p><u>OPTION 3</u></p> <ul style="list-style-type: none"> • 2 consecutive weeks Maternity Support (Paternity) Leave paid at three days basic pay and remaining days SPP only
Less than 41 weeks continuous service with NHS by the beginning of the week in which the baby is due or the adopted child is due to be placed	<p><u>OPTION 4</u></p> <ul style="list-style-type: none"> • Up to three days Occupational Maternity Support (Paternity) Leave plus average pay (inclusive of SMSP) 	

P1 - Notice of Intention to take ORDINARY Maternity Support (Paternity) Leave

PERSONAL INFORMATION		
Full Name	_____	Assignment Number: _____
Job Title:	_____	Base: _____
Line Manager:	_____	Hours Worked: _____
Date of Appointment with NHS:	_____	Date Joined this Organisation: _____
Address for Correspondence: _____		
E-mail Address: _____		Postcode: _____
Contact Numbers:		
Home: _____	Work: _____	Mobile: _____
PATERNITY OPTIONS		
Expected date of birth of your child or placement of your child: _____		
Date you expect to start first week of leave: _____		
Date you expect to start your second week of leave: _____		
I wish to apply for Maternity Support (Paternity) Leave/pay. I attach a copy of my partners Matching Certificate or MAT B1 for the purposes of the Occupational Paternity Pay showing the expected week of childbirth:		
I have read and understood the Maternity Support (Paternity) Leave Policy and I wish to take the following Maternity Support (Paternity) Leave (please tick)		
Option	Detail	Tick
Option 1	For employees with over 1 years' service: 2 weeks leave made up of Occupational Paternity entitlement less Statutory Maternity Support Pay (SMSP)	
Option 2	For employees with less than 52 weeks service, but 41 weeks service or more at the expected date of confinement / placement of child: 1 week or 2 consecutive weeks Maternity Support (Paternity) Leave (3 days paid Maternity Support (Paternity) Leave and remaining days SMSP only)	
Option 3	For employees with less than 41 weeks service at the time of confinement / placement of child: Up to 2 weeks unpaid leave.	
Statutory Paternity Pay = 90% of your average weekly earnings or current rate, whichever is the lesser.		
FURTHER FORMS TO COMPLETE		
FORM To be submitted following the birth or placement of child		
SC3	To claim Ordinary Statutory Maternity Support Pay/ordinary Maternity Support (Paternity) Leave – becoming a parent form	
SC4	To claim Ordinary Statutory Maternity Support Pay/ordinary Maternity Support (Paternity) Leave – becoming an adoptive parent form	
SIGNATURES		
I confirm have read the Maternity Support (Paternity) Policy and attachments and fully understand and accept the conditions that permit such leave to be granted to me		
Signed (Employee): _____		Signed (Manager): _____
Print Name: _____		Print Name: _____
Date: _____		Date: _____
Please forward the original of this form to the Human Resources Team at least 28 days before you want your leave to start, or as soon as reasonable practicable. If for any reason you need to amend the date of your Maternity Support (Paternity) Leave, please contact the Human Resources Team as soon as possible, so dates and records can		

be amended.

Office Use Only - Mat B1 / Matching Certificate seen? Yes / No

Statutory forms completed? Yes / No Copy of forms taken and sent to payroll (date and initials)

P2 - Notice of Intention to take ADDITIONAL Maternity Support (Paternity) Leave

PERSONAL INFORMATION	
Full Name	Assignment Number:
Job Title:	Base:
Line Manager:	Hours Worked:
Date of Appointment with NHS:	Date Joined this Organisation:
Address for Correspondence:	
Postcode:	
Email Address:	
Contact Numbers:	
Home:	Work: Mobile:
PATERNITY OPTIONS	
Expected date of birth of your child or placement of your child:	
Actual date of birth or placement of your child:	
Date you want your Additional Maternity Support (Paternity) Leave (APL) to start:	
Are you entitled to Additional Statutory paternity Pay?	Yes / No
When is your ASPP is due to end on:	
When would you like your leave to end:	
I wish to apply for Maternity Support (Paternity) Leave/pay. I attach a copy of my partners Matching Certificate or MAT B1 for the purposes of the Occupational Paternity Pay showing the expected week of childbirth:	
I have read and understood the Maternity Support (Paternity) Leave Policy and I can confirm that:	
<ul style="list-style-type: none"> • I have, or expect to have, responsibility for the child's upbringing AND • I am taking time off work to care for the child AND • I am the biological father of the child or the mother's / adopters spouse, partner or civil partner AND • I have 26 weeks continuous service with one or more NHS employers ending with the 15th week before the week the baby is due or the week the adopted child is due to be placed. 	
FORM	
SC3	To claim Ordinary Statutory Paternity Pay/ordinary Maternity Support (Paternity) Leave – becoming a parent form
SC4	To claim Ordinary Statutory Paternity Pay/ordinary Maternity Support (Paternity) Leave – becoming an adoptive parent form
SIGNATURES	
I confirm have read the Maternity Support (Paternity) Policy and attachments and fully understand and accept the conditions that permit such leave to be granted to me	
Signed (Employee):	Signed (Manager):
Print Name:	Print Name:
Date:	Date:
Please forward the original of this form to the Human Resources Team at least 28 days before you want your leave to start, or as soon as reasonable practicable.	
Office Use	

Mat B1 / Matching Certificate seen

Statutory Forms completed

Copy of forms taken and sent to payroll (date and initials)



**Hambleton, Richmondshire and Whitby
Clinical Commissioning Group**

Your ref: Health House
Our ref: Grange Park Lane
Date Willerby
Address HU10 6DT

Telephone: (01482) 672183

Dear (NAME),

RE: MATERNITY SUPPORT (PATERNITY) LEAVE - (NAME) – (N.I. NUMBER) - (ASSIGNMENT NUMBER)

Thank you for advising me about your upcoming arrival.

Please find enclosed the Application for Ordinary Maternity Support (Paternity) Leave which will need to be completed by yourself, signed by your Manager and sent to the above address together with your partners MATB1 form / Matching certificate.

(DELETE IT EMPLOYEE NOT ENTITLED TO) Also enclosed is the Application for Additional Maternity Support (Paternity) Leave form; this will need to be completed and signed by yourself and your manager and submitted to the above address.

Once we have all the relevant forms and information we require, I will write to you further confirming your specified dates of Maternity Support (Paternity) Leave / Additional Maternity Support (Paternity) Leave (DELETE IF NOT NEEDED) and all other relevant information you will require.

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



**Hambleton, Richmondshire and Whitby
Clinical Commissioning Group**

Your ref: Health House
Our ref: Grange Park Lane
Date Willerby
Address HU10 6DT

Telephone: (01482) 672183

Dear (NAME),

RE: ORDINARY MATERNITY SUPPORT (PATERNITY) LEAVE AND PAY - (NAME) – (N.I. NUMBER) - (ASSIGNMENT NUMBER)

Thank you for your recently submitted Application for Maternity Support (Paternity) Leave plus a copy of the MATB1 form/ Matching Certificate* // your MATB1/ Matching Certificate* 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

For employees with over 1 years' service: 2 weeks leave made up of Occupational Paternity entitlement less Statutory Maternity Support Pay (SMSP)

OPTION 2

For employees with less than 52 weeks service, but 41 weeks service or more at the expected date of confinement / placement of child: 1 week or 2 consecutive weeks Maternity Support (Paternity) Leave (3 days paid Maternity Support (Paternity) Leave and remaining days SMSP only)

OPTION 3

For employees with less than 41 weeks service at the time of confinement / placement of child: Up to 2 weeks unpaid leave.

You have indicated you wish your Maternity Support (Paternity) Leave to start on (INSERT DATE). However if you wish to change this date please let me know as soon as possible.

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

Pension contributions will be deducted from your salary as normal during paid Paternity 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.

If you have any further queries, please do not hesitate to contact me.

With best wishes

Human Resources Support Officer



**Hambleton, Richmondshire and Whitby
Clinical Commissioning Group**

Your ref: Health House
Our ref: Grange Park Lane
Date Willerby
Address HU10 6DT

Telephone: (01482) 672183

Dear (NAME)

**RE: ADDITIONAL MATERNITY SUPPORT (PATERNITY) LEAVE - (NAME) – (N.I. NUMBER) -
(ASSIGNMENT NUMBER)**

Thank you for your application to take Additional Maternity Support (Paternity) Leave.
As agreed by your line manager, your authorised Additional Maternity Support (Paternity)
Leave period is as follows:

Start date of leave: **[INSERT DATE]** (No earlier than 20th week after child is born / placed for
adoption)

Duration of leave: _____ Weeks (up to 26 weeks Additional Maternity Support (Paternity)
Leave)

Date you will return to work: **[INSERT DATE]**

If you wish to change the start date or duration of your Additional Maternity Support
(Paternity) Leave, please let me know as soon as possible.

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

Pension contributions will be deducted from your salary as normal during paid Maternity
Support 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.

If you have any issues surrounding this outcome, or have any queries in regards to
Maternity Support (Paternity) Leave, please do get in touch with your line manager or a
member of the Human Resources Team.

With best wishes

Human Resources Support Officer
CC: Line Manager

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 Maternity Support (Paternity) (20 weeks after birth or placement of child) / Adoption leave	Hourly rate will be paid until full pay is met for that week
Weeks 27-39 of Maternity / Additional Maternity Support (Paternity) / Adoption leave	Hourly rate will be paid until full pay is met for that week
Weeks 40-52 of Maternity / Additional Maternity Support (Paternity) / Adoption leave	Full hourly rate for the hours worked as this period of maternity is taken as unpaid 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. 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/Maternity Support (Paternity)/Adoption sections within this policy, or contact the Human Resources Team.

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, 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 (assignment) number: _ _ _ _ _

Type of Leave: Maternity / Maternity Support (Paternity) / Adoption Leave (delete as appropriate.)

Date	Week number of leave	Start time	Finish time	Total hours worked (excluding breaks)	Please indicate: time in lieu or payment

Employee signature:

Manager's signature:

Once signed by both employee and Manager, please forward a copy to:-

Human Resources Team, North Yorkshire & Humber CSU, Health House, Grange Park Lane, Willerby, HU10 6DT
Human Resources Team, North Yorkshire & Humber CSU, Unit 1, Triune Court, York, YO32 9GZ