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|  | **Polasaí agus Nósanna Imeachta****Policies and Procedures** |

**Application Form for Maternity Leave**

***In Accordance with the Maternity Leave Act, 1994 and Maternity Protection (Amendment) Act 2004***

Before completing this form you must read the University’s [Maternity Leave Policy](https://www.universityofgalway.ie/human-resources/duringemployment/policiesandprocedures/) on the Human Resources Website.

This completed application form must be submitted to Employee Relations, HR Office (email: leaveschemes@universityofgalway.ie) a minimum of **six weeks** prior to the commencement of the leave period, along with a letter from a medical practitioner confirming your expected due date.

As the earliest stages of pregnancy are the most critical ones for the developing child, it is in your best interest to inform your line manager of your pregnancy as soon as possible. Your line manager needs to make arrangements for health and safety checks (e.g. manual lifting, etc.) when they know you are pregnant in order to protect you and your baby, so the earlier you feel able to tell your School/Unit, the sooner these checks can be made.

**Personal Details**

Name: ..........................................................

Staff ID No.: ………………………………………………

School/Unit: ................................................
Extension No: ..............................................

Line Manager: .............................................

 Work Pattern (please select):

Fulltime: Part-time:

If **part-time**, please confirm your work pattern, inc. days of the week on which you work:

……………………………………………………………………..

……………………………………………………………………..

I hereby give six weeks’ notice of my intention to avail of

26 weeks Maternity Leave beginning at least 2 weeks before the end of the week on which the baby is due.

Due Date: .....................................................................

**N.B.** If you wish to start  **earlier** than 2 weeks before the end of the week on which the baby is due, please indicate your preferred Start Date:

………………………………………………………

I also wish to avail of Unpaid Leave for a period of

........... weeks following my paid Maternity Leave

(Max. 16 weeks)

I am undecided at present (tick Box)

If you are undecided about taking Unpaid Leave, you may decide later. You must give HR notice of such leave at least four weeks’ prior to the end of your paid Maternity Leave.

If I wish to return to work earlier than my confirmed maternity leave end date, I understand that I must notify the

Human Resources Office, in writing, no later than four weeks in advance of my intention to return to work.

IMPORTANT: Please note that if your contract of employment is due to terminate during your maternity leave, your entitlement to leave under the University's contractual schemes will end on the contract end date. However, you will continue to be paid any remaining statutory maternity benefit pay for which you are eligible from the Dept. of Social Protection. Your contract of employment will not automatically be extended because you are on maternity leave.

**“I HAVE READ AND ACCEPT THE TERMS AND CONDITIONS OF THE MATERNITY LEAVE POLICY”**

Signed: Date:

*Employee*

Signed: Date:

*Manager/Head of School/Unit*

**PLEASE SUBMIT THE COMPLETED APPLICATION FORM TO** **LEAVESCHEMES@UNIVERSITYOFGALWAY.IE**

**Line Manager Information:**

The Line Manager should review the [Manager’s Guide to Effectively Managing Maternity Leave](https://www.universityofgalway.ie/media/humanresources/documents/managers/Effectively-Managing-Maternity-and-Adoptive-Leave.pdf) on the HR Website.

For information on arranging temporary cover for this leave vacancy, the Line Manager should consult the [HR Recruitment website](https://www.universityofgalway.ie/human-resources/recruitment-and-selection/) (Contact: recruit@universityofgalway.ie).