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|  | West Lothian  Council |

**MATERNITY NOTIFICATION FORM - NON-TEACHING STAFF**

(Please complete in BLOCK capitals)

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| Name: |  | | | | | | | | | | | | | Employee No: | | | | |  |  |  |  | |  |  | |  |
| Designation: | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Place of Employment: | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| This section is for **ALL** staff  I wish to inform you that I am pregnant and that I intend taking a period of maternity leave | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date maternity leave to start: | | | | | | | | | | | | D | D | | M | M | Y | Y | |  | | | | | | | |
|  |  | |  |  |  |  | |
| Please select ONE of the options outlined in each of the two sections below by placing a **✓** in the appropriate box) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I will definitely be returning to work and wish to take the 12 weeks half pay scheme. | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |
| I wish to keep my options open, and will defer the half pay scheme until I return to work. | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |
| I will not be returning to work. | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |
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| This section **does** **NOT** apply to **part-year** staff. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I have a balance of | | | |  | | | | | hours/days annual leave due to me up to my period of maternity leave. | | | | | | | | | | | | | | | | | | |
| I will use this leave immediately before my maternity leave, therefore my last working day will be: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | D | D | | M | | M | Y | | Y |  | | | | | | | | | | | | | | | | |
| Enter date: | |  |  | |  | |  |  | |  |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **This section is only for members of Lothian Pension Fund.**  If you decide to take a period of unpaid additional Maternity Leave you will not build up pension benefits during this time. You can elect to cover the period of pension ‘lost’ by taking out a Shared Cost Additional Pension Contribution (SCAPC) contract. Provided that you make an election to buy the ‘lost’ pension within 30 days of ending maternity leave the cost is shared 1/3rd to you and 2/3rds to the Council.  You can receive a quote and apply to buy any ‘lost’ pension at:  <http://scotlgps2015.org/apc/?_ga=1.220510936.1396356657.1448628855> | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| Employee’s signature: | Date: |

Details of how the council will process the personal information it holds on you can be found at <https://www.westlothian.gov.uk/media/20843/Contract-of-Employment---Privacy-Notice/pdf/2018-03-21_-_Contract_of_Employment_Privacy_Notice.pdf>

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| You should complete and submit this form to your Line Manager by the 15th week before the Expected Week of Childbirth. **Your** **‘MATB1’ certificate should be submitted to your line manager not less than 21 days before you start your maternity leave**.  You should also indicate to your line manager the length of maternity leave you intend to take. |

Line Manager to return completed application and MATB1 **as soon as possible** to:

hrchanges@westlothian.gov.uk