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**MATERNITY NOTIFICATION FORM**

**TEACHERS**

(Please PRINT)

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| Name: |  | | | Employee No: |  |  |  |  |  |  |  |
| Job Title: | |  | | | | | | | | | |
| Place of Employment: | | |  | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I wish to inform you that I am pregnant and that I intend taking a period of maternity leave | | | | | | | | | |
| Date maternity leave to start:  **Please ensure the date you state is the first day of your maternity leave and not the last date you will be at work** | D | D | M | M | Y | Y |  | | |
|  |  |  |  |  |  |
| (Please select ONE of the options outlined below by placing a **✓** in the appropriate box) | | | | | | | | | |
| I intend to take a period of ‘Ordinary’ Maternity Leave only | | | | | | | |  |  |
|  | | | | | | | | | |
| I intend to take a period of ‘Additional’ Maternity Leave | | | | | | | |  |  |
|  | | | | | | | | | |

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| **Pension**  If you are taking a period of unpaid Additional Maternity Leave and you wish to continue making pension contributions during this period, you must contact the Scottish Public Pensions Agency direct to make the necessary arrangements:  The Scottish Public Pensions Agency  7 Tweedside Park, Galashiels TD1 3TE  🕿: (01896) 893071 |

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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 Head Teacher, **together with both sides of your ‘MATB1’ certificate,** not less than 3 weeks before you start your maternity leave. |

Head Teacher to return completed application and both sides of MATB1 **as soon as possible** to: [hrchanges@westlothain.gov.uk](mailto:Hrsupport@westlothian.gov.uk)