Maternity Pay and Leave Policy

Appendix B

Notification of Maternity Leave

Please complete and send this form no later than 28 days before your maternity leave begins. Late

<u>forms may affect entitlements.</u>

For non-medical staff: send to HR Admin, 5th Floor Salton House, St. Mary's Hospital or email to imperial.admin.hr@nhs.net

For medical staff: send to Medical HR Admin Team, 1st Floor Education Centre, CXH or email to imperial.medicalhradmin@nhs.net

Personal Details					
First Name: Kelly - Marie	Surname: SNagell				
Assignment Number: 17596912	Position Number:				
Job Title: Senior Clinical Vascular Scient	Ward/Department & Site: CXH Vascular Out				
Grade: 🖇 🗸	Division: Please select Surgery, Cardiovasculo+ C				
Contact No. (Work): 020 3 3 17322	Prof reg / Work Permit exp.date:				
Contact Details and Address for Payslips during Maternity Leave					
Address: 978 Maidstone Rd, London Post Code: NII 2JS	Home No: 07917004490 Personal Email: Km. borrette holman a				
Maternity Leave					
My baby's due date according to the MATB1 cert. is: My maternity leave will start on:	16.03.20				
	9				
I have attached my original MAT B1 form:					
Annual Leave and Bank Holiday (for manager and employee reference)					
Accrual during maternity leave: Annual Leave: 28 days	days to be taken prior to maternity leave				
Bank holidays: 3 days	leave (to be confirmed via appendix C)				
Participation in salary sacrifice schemes (please tick which schemes you currently are part of)					
□Cycle to Work - □Home Electronics - □Tusker Car scheme - □Childcare vouchers/ Nursery Fee Direct					
Returning to Work (in order to receive your maternity pay you must tick one of the boxes below)					
I intend returning to work for the NHS.					
I do not intend returning to work for the NHS, and hereby give notice of termination of my					
employment at the end of my maternity leave.					
I confirm that the information on this form is correct to the best of my knowledge and that I have					
read and will comply with the Trust's "Maternity Policy". I understand that claims for leave may be					
reviewed by the LCFS and may lead to disciplinary action and/or prosecution if found to be					
fraudulent.					
Employee's Authorisation (complete in pen and ink)					
Employee's Signature:	Date: 7/1/2020				
Manager's Authorisation					
Manager's Name: MARR ELLIS.	Manager's Signature: Many Edit				
Job Title: Prencipal Clisical Versilor Ext: 17322 Date: 14/01/2000					
For HR Admin/Medical HR Admin Use Only: □ OMP and SMP □ OMP only □ SMP only □ None					
Enddement.					
Increment date: Mat. Position number: Average Weekly Earnings:					
Average Weekly Lamings.					

		F. J.	SALVAN AND	MAT B1	
TO THE DOCTOR O	R MIDWIFE – Please fill in thi	is form in ink.			
Name of patient	KELLY-MARIE S	SWAGELL	Certificate number	002262981	
Part A			Part B		
Fill in this part if you are giving the certificate before the confinement.		Fill in this part if you are giving the certificate after the confinement.			
Do not fill this in more than 20 weeks before the week when the baby is expected. I certify that I examined you on the date given below. In my opinion you can expect to have your baby in the week that includes .2.7.1.3.1.2.0 Week means a period of 7 days starting on a Sunday and ending on a Saturday.		I certify that I attended you in connection with the birth which took place on			
					Date of examinati
Signature		1st Floor Elizabeth Garrett Anderson Wing University College Hospital 25 Grafton Way			

TO THE PATIENT

Please read the notes on the back of this form

MAT B1 04/2015

This is your

Maternity Certificate to claim Statutory Maternity Pay or Maternity Allowance

Full name Address Date of birth

National Insurance number

Statutory Maternity Pay (SMP)

You may be entitled to SMP from an employer if you have been employed by the same employer from the beginning of your pregnancy. You need to give your employer at least 28 days notice of the date you want your SMP to start.

Ask your employer if you can get SMP. If you have more than one employer ask each of them. Do this now.

Give this certificate to your employer to get SMP.

If you cannot get SMP, your employer must give you back this certificate with form SMP1 so you can claim Maternity Allowance.

Maternity Allowance (MA)

You may be able to get MA if:

- your employer cannot pay you SMP, or
- you are self-employed or do not have an employer
- you are neither employed nor self-employed but take part in the business of your self-employed spouse or civil partner.

If you think you may be entitled to MA, get form MA1 from the Jobcentre Plus claim-line on 0800 055 6688 or if you are Welsh 0800 012 1888. If you have speech or hearing difficulties you can contact the claim line using a textphone on 0800 023 4888. You can also get an MA1 from your antenatal clinic, or download it from www.gov.uk/maternity-allowance/how-to-claim

More information

There are time limits for claiming SMP and Maternity Allowance. You may lose money if your claim is late. Visit www.gov.uk for more information about SMP and MA and other help for you and your family. For example:

- Sure Start Maternity Grant
- Child Benefit
- Tax Credits.

There is more information in your bounty pack, or ask at your ante-natal clinic.