

Annex A

MATERNITY & ADOPTION

STATEMENT OF INTENTION AND UNDERTAKING TO REPAY PAYMENT

Maternity

This form should be completed by the employee no later than 15 weeks before the expected date of childbirth (or if that is not reasonably practicable, as soon as is reasonably practicable) and given to the Line Manager (see Appendix 3, Section 7(B), paragraph 5).

The Line Manager will require sight of a certificate from a registered medical practitioner or mid-wife stating the expected week of childbirth.

Adoption

This form should be completed by the employee within 7 days of the date of receiving notification of being matched with a child and at least 28 days notice must be given to the line manager in advance of the date adoption leave is to commence (where these notice periods are not practicable, then as soon as is reasonably practicable). See Appendix 3, Section 7(B), paragraph 4 for further information regarding these notice periods.

Full Name:.....

Please read the notes overleaf and then complete either Option A or Option B

OPTION A

I shall be terminating my employment on20..... and do not intend to return work in accordance with the provisions of Appendix 3, Section 7(B).

Signed:.....

Department:.....

Dated:.....

OPTION B

* please delete as appropriate

(a) I intend for my Ordinary Maternity/Adoption* Leave of 26 weeks (OML/OAL) to commence:

(Maternity: not earlier than beginning of the 11th week before the expected week of childbirth)

(Adoption: no later than the date of the child's placement and no sooner than 14 days before the expected date of placement)

I do/do not* qualify for Additional Maternity/Adoption Leave* (AML/AAL), of 26 weeks which will commence at the end of OML/AAL

(b) I expect the week of childbirth (midnight between Saturday and Sunday in which the baby is actually born) to be the week beginning the20.....

(c) I understand that I must give not less than 28 days notice if I intend to return to work earlier than the end of my maternity leave period.

(d) I undertake to repay, if asked to do so, any salary or wages paid to me in respect of the period of maternity/adoption leave, less the amount of any maternity/adoption allowance which the Department of Health and Social Care certifies I would have received in the absence of paid maternity/adoption leave, if I do not return to work in the Department/Authority at the end of the period of maternity/adoption leave to which I am entitled and complete a further 13 weeks' paid service.

Signed:.....

Department:.....

Date:.....

Please refer to the Notes below

NOTES:

1. Entitlement to Maternity/Adoption Leave and Pay is detailed in full in Appendix 3, Section 7(B) of the Whitley Council Memorandum of Agreement
2. Repayment may be waived if the employee provides medical evidence that she will be unable to return to work at the end of the period of maternity leave because the baby is disabled and as a result, requires continuous attention at home. Medical evidence should be sent to the Chief Executive not later than 3 weeks before the maternity leave is due to cease.
3. Repayment may also be waived if the employee provides medical evidence (in respect of herself or her baby) that she is unable to honour her stated intention to return to work at the end of the period of maternity leave.
4. An employee who is required to repay salary or wages received during the period of maternity/adoption leave in accordance with sub-paragraph (d) of Option B will be eligible for the refund of National Insurance Contributions paid in respect of the pay received in this period.

NOTE: A copy of the completed form should be retained by the line manager and copies sent to:

- a) the appropriate Pay Section
- b) the Office of Human Resources (as appropriate)