King's College Hospital
NHS Foundation Trust

APPLICATION FOR MATERNITY LEAVE

Please Note: This form is only compatible with Internet Explorer and Adobe Reader

This form should be completed by expectant mothers requesting absence due to maternity.

You must attach a copy of your MATB 1 when submitting this form. If you are unable to attach the MATB 1 with the form, you must email separately the MATB 1 to payroll and include your name, employee number and case reference number.

Your application can not be processed without this documentation.

Should you have any queries regarding the completion of this form, please contact Payroll on 020 3299 9090 option 3.

Mandatory Field; if you do not complete all mandatory fields your request will not be processed.

Following completion, this form should be attached to an email and sent to **KCH.payrollandexpenses@nhs.net**

1. EMPLOYEE DETAILS

Assignment No. * -

Position Number *

Surname *

Forename(s) *

Job Title *

2. MATERNITY REQUEST

Date of Expected Childbirth * D D M M Y Y Y Y

Maternity Start Date * D D M M Y Y Y Y

Declaration – I have at least 26 weeks continuous service in an NHS Trust at the 15th week before my Expected Week of Childbirth * Yes No

Declaration – I have at least 1 years continuous service in an NHS Trust at the 11th week before my Expected Week of Childbirth * Yes No

3. INTENTION TO RETURN - Please Select one of the following *

I do intend to return to work following maternity ☐ I do not intend to return to work ☐

I have not yet decided ☐ Intended date of return D D M M Y Y Y Y

Your intended date of return is for information only; upon agreement of your actual return with your manager, a Maternity Return Form must be completed to ensure reinstatement to the payroll.

Declaration – I require my pay to be averaged over my period of absence as detailed by my Maternity Start Date and Intended Date of Return * Yes ☐ No ☐ N/A ☐

4. YOUR AUTHORISATION

I have read the maternity leave guidelines and accept the conditions outlined in it.

Authorised Signature | Date * D D M M Y Y Y Y

Contact No.*

Work Email Address *

5. MANAGER AUTHORISATION

The dates given and entitlement to maternity leave and pay are accurate.

Employee No *

Forename *

Surname *

Authorised Signature | Date * D D M M Y Y Y Y

not required if being submitted electronically from your NHS e mail account

Contact No.*

Work Email Address*

To submit this form you will need to save a copy and then send it to payroll via email at kch.payrollandexpenses@nhs.net