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| **CLERGY MATERNITY LEAVE FORM**  For notifying the HR Team of your Maternity leave.  Please return along with your MATB1 to [humanresources@bristoldiocese.org](mailto:humanresources@bristoldiocese.org)  *NB: Please submit this form to the HR Team no later than 15 weeks before the expected week of Childbirth (EWC) or as soon as practicable thereafter.* | | | | |
| **Name** | Click or tap here to enter text. | | | |
| **Role** | Click or tap here to enter text. | | | |
| **Start Date** *(in post – if less than 26 weeks before EWC please say what your previous role was)* | | Click or tap here to enter text. | | |
| **Parish / Context** | Click or tap here to enter text. | | | |
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| **A – Maternity Leave dates** | | | | |
| My Expected Week of Childbirth (EWC)  \**as stated on MATB1* | | | Click or tap here to enter text. | |
| I wish to commence my maternity leave\* on: | | | Click or tap here to enter text. | |
| *\*If baby arrives late or early, you can amend the dates of your leave.* | | | | |
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| **B – Statutory Maternity forms – please save send to HR** | | | | |
| I have enclosed/ sent the MATB1 issued by my health care provider | | | | |
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| I will tell you the actual date of my baby’s birth so that you can confirm the date my Maternity Leave ends.  I will also confirm my intended date of return 28 days before I return if I intend to return before the end of the Ordinary Maternity Leave, or before the end of the Additional Maternity Leave. | | | | |
| Your signature:  Click or tap here to enter text. | | | Date:  Click or tap here to enter text. | |

*Under the terms of the Data Protection Act, the information provided on this form will be held in confidence for the purpose of HR and Payroll Administration and no other purpose*