

**GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST**

**APPLICATION FOR MATERNITY LEAVE/PAY: FORM F189**

Two copies of this form should be completed by the employee and given to the relevant manager as early as possible together with the certificate of expected date of confinement (MAT B1) but **no later than in the 15<sup>th</sup> week before the expected date of confinement**. On receipt of the forms (F189) the manager will send one copy to the Paymaster Department with the certificate of expected confinement (MAT B1).

1. Surname..... First Names .....

2. Address .....

..... Post Code .....

3. Job Title .....

4. Place of Work .....

5. Expected Date of Confinement .....

6. Please now complete one of the following sections (A, B or C) that will apply to you and confirm which option you have chosen:

Chosen Option:      a [ ]      b [ ]      c [ ] (please tick as appropriate)

a) Returning to Work after confinement

I hereby apply for maternity leave under the provision of Agenda for Change and/or Statutory Maternity Pay. It is my intention to absent myself from duty on ..... (DATE) and I agree to return to work in the service of this or another NHS employer for a minimum period of 3 months after expiry of this leave at a grade commensurate with my leaving grade and to work of similar status. I understand that work on the bank is not regarded as work of similar status at GHNHSFT. I agree to refund the maternity pay to which I will not be entitled should I fail to return to work.

I wish to take a period of maternity leave (paid period = 39 weeks and a further 13 weeks unpaid leave (up to 52 weeks leave) if eligible) and will return to work automatically at the end of the entitlement period.

NB. Your manager will inform you of your entitlement after receiving this form which will include the latest date by which you must return from maternity leave. Should you wish to return before your entitlement is exhausted you will need to notify your manager in writing at least 56 days before your intended return date completing two copies of form F189A.

b) Not Returning to Work after confinement

I hereby apply for maternity pay due to me under the provision of Statutory Maternity Pay. It is not my intention to return to work after my confinement and I shall, therefore, leave the employment of the Trust on ..... (DATE). I understand that the 39 weeks paid period (if due) and 13 weeks unpaid period will be regarded as service.

c) Reserving the Right to Return to Work after confinement

I hereby apply for maternity leave under the provision of Agenda for Change and/or Statutory Maternity Pay and I wish to retain my right to return. I shall, therefore, absent myself from duty on ..... (DATE) and undertake to notify my intentions at a later date. I understand that any balance of maternity pay will be paid on my return to work.

7 Pension Contributions

Your pension contributions will be continued whilst you are on maternity leave, unless you notify us that you wish to opt out of the pension during this time. If you wish to opt out of the pension scheme you will need to obtain an [opt out form](#) from NHS Pensions website return this to the pensions team at Victoria Warehouse, The Docks, Gloucester. If you wish to re-enter the pension scheme on your return from maternity leave you will need to contact the pensions team.

8 Salary Sacrifice Schemes

Membership of a salary sacrifice scheme will affect your maternity pay as this is calculated using your reduced salary. However, if you remain in the scheme during your maternity leave, you are entitled to continue to receive all non-cash benefits (i.e. Tusker lease car / childcare provision) as normal. If you wish to stop or amend your salary sacrifice prior to your qualifying period for maternity pay, or for further advice, please speak to Payroll on 01452 300 222 **as soon as possible**.

9 Spreading your Occupational Maternity Pay

You have the option of spreading your occupational maternity pay so that you receive a fixed amount, spread equally over the maternity leave period. Please circle the appropriate choice below:

I would like to spread my NHS occupational maternity pay so that I receive a fixed amount over the maternity leave period:

Chosen Option:      Yes [    ]                      No [    ] (please tick as appropriate)

Please indicate the number of months that you would like this spread over (max. 12): \_\_\_\_\_

**I am satisfied that the maternity leave/pay provisions have been explained to me and I have received a copy of [the Maternity, Paternity & Adoption Leave Policy](#).**

Signed: ..... Date: .....

Print name: .....

Signature of Manager: ..... Date: .....

Print name: .....