

MATERNITY LEAVE REQUEST FORM (HR-GEN-025-F)

Name of Employee: _____

Employee No.: _____

NOTIFICATION OF INTENTION TO TAKE MATERNITY LEAVE

I hereby notify my employer of my intention to take Maternity Leave. (26 consecutive weeks)
My Maternity Leave will commence on:

Day: _____ Month: _____ Year: _____

My Maternity Leave will finish on:
(26 weeks later)

Day: _____ Month: _____ Year: _____

OTHER NOTIFICATION REQUIREMENT

Additional Maternity Leave (Unpaid Leave)

If I intend to take Additional Maternity Leave, I understand that I must notify my employer in writing at least four weeks before the end of my Maternity Leave (i.e. 26 week normal maternity leave period):

Day: _____ Month: _____ Year: _____

INTENTION TO RETURN TO WORK

If I intend to return to work after my Maternity Leave I understand that I must notify my employer in writing.

I must notify my employer for the first time not later than four weeks before the end of my leave (i.e. not later than):

Day: _____ Month: _____ Year: _____

I understand all of the above points and my obligations under the Maternity Protection Act, 1994 and Maternity Protection (Amendment) Act, 2004.

Signed: _____ Date: _____
Employee

Signed: _____ Date: _____
Head of Department

Signed: _____

Date:

Human Resources