Appendix 2

**UNIVERSITY OF ABERDEEN** **MATERNITY/BIRTH PARENT LEAVE APPLICATION**

You should submit your Maternity/Birth Parent Leave Application before the end of your 26th week of pregnancy.

Name: ……………….…………………………………. Employee ID No: …………………………. Continuous Service Date: ……………………………. School / Section: ……………………………………… Ext No: ..…..………..……………………… E-mail: ……….……………………………..

Home Address: …....……………………………………………………………………………………... Home Tel No: ……………………………….. Expected Week of Childbirth: …………….

I have read the University of Aberdeen’s Maternity/Birth Parent Leave Procedure and understand my entitlement. I accept the conditions under which these provisions are granted and now wish to apply for pay/leave in accordance with Option of the Procedure. I can confirm that my date of commencement of maternity/birth parent

leave and pay is ..................

# *Please si**gn one of the declarations below.*

*Declaration a - Returning to Post (Occupational Maternity/Birth parent Benefits)*

I confirm I will be returning to post and utilising Option 1a. I confirm I will be returning to post and utilising Option 1b.

# *Employe**e Undertaking:*

*I undertake to return to the employment of the University of Aberdeen for a minimum period of 6 months after the expiry of* *all leave for maternity/Birth parent purposes. I understand that if I fail to comply with this undertaking, I will be required to reimburse the University’s Occupational Maternity/Birth parent Pay paid to me over and above Statutory Maternity Pay (SMP).*

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

*Declaratio**n b – Returning to Post (Statutory Maternity Benefits)*

I confirm I will be returning to post and utilising Option 2.

□

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

*Declaratio**n c - Undecided*

I confirm I am undecided about returning to work after my period of maternity/birth parent leave.

I understand that my Human Resources Adviser will contact me 6 weeks after my Expected Week of Confinement to request confirmation of my decision. I confirm that I will respond within 2 weeks of their request.

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

*Declaration d - Not Returning to Post*

I confirm I will not be returning to work.

I understand that I have the right to return to my post with the University of Aberdeen but have decided that I do not wish to return. I have enclosed a letter of resignation as per my contract of employment.

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

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