



NOTIFICATION OF INTENTION TO TAKE MATERNITY LEAVE

- 1) You are entitled to Maternity Leave if you are pregnant while you are in employment. All employees, including casual workers, are entitled to a basic period of Maternity Leave, and this is not affected by the length of your employment or the number of hours you work each week.
- 2) You are entitled to 26 weeks of Maternity Leave, with an option to take 16 extra weeks unpaid leave.
- 3) You may be entitled to receive Maternity Benefits from the Department of Social Protection, depending on PRSI contributions. Your employer does not have to pay you during Maternity Leave.
- 4) Maternity Leave must be taken 2 weeks before your baby's due date. You must not return to work for at least 4 weeks after delivery. Your intention to take time for both Maternity Leave and return date must be given to your Employer in good time. Your employer will need at least 4 weeks of written notice of your intention to return to work. You should inform your employer as soon as possible of your Pregnancy so that necessary Health and Safety Risk Assessments can take place.

➤ **Date of placement in cases of adoption*

To be completed by the Relevant Parent who wishes to apply for Maternity Leave

Name (in print): _____ Working Location: _____

Email Address: _____ Contact No: _____

Complete whichever of the following applies:

Expected due date of the _____ child: / /

Date of birth of the child: _____
/ /

Date of placement of the _____
child: / / _____

I wish to take Maternity _____ leave as follows: From: To:
/

I wish to take Additional Maternity Leave: From: To: _____ /

Signature of Relevant Parent: _____

Date: _____

To be completed by Human Resources

I certify that I have approved the above leave in accordance with the Maternity Leave policy. The following required documentation is enclosed:

- (1) Completed Notification of Intention to take Maternity Leave
- (2) Certificate confirming whichever of the following is applicable:
 - (a) the due date of child OR
 - (b) the date of birth of the child OR
 - (c) the date of placement of the child
- (3) MB1 form (Employer Certificate for Maternity Benefit from the Department of Social Protection)

Signature of Human Resources: _____ **Date:** _____

To be completed by HR

I have verified the documentation received: