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| Maternity/Adoption Leave Application Form | | | | |
| **Guidance** | | | | |
| Link to University Maternity/Adoption Policy:  <http://www.docs.csg.ed.ac.uk/HumanResources/Policies/Maternity-Policy-.pdf> <http://www.docs.csg.ed.ac.uk/HumanResources/Policies/Adoption_Surrogacy_Leave_and_Pay_Policy.pdf>  This form should be completed and approved in line with local procedures.    **Section 2\*** to be completed for notification of commencement of Maternity/Adoption Leave.  **Section 3\*** to be completed to confirm employee’s return to work date and the date normal pay should commence  Once completed email the form to Payroll: [payroll.manager@ed.ac.uk](mailto:payroll.manager@ed.ac.uk)  You will no longer need to physically sign HR forms as long as you submit them via email from your University of Edinburgh email account. Please refer to the [HR A-Z Forms Page](https://www.ed.ac.uk/human-resources/a-to-z-of-forms) for more information.  If you require this document in an alternative format please contact HR via email on UHRS@ed.ac.uk or by telephone on 0131 650 8127. <https://www.ed.ac.uk/information-services/help-consultancy/accessibility/creating-materials/altformatintro> | | | | |
| **Section 1. Employee’s Details** | | | | |
| Employee Name: | | |  | |
| Employee Number: | | |  | |
| Department/School: | | |  | |
| College/Professional Services Group: | | |  | |
| **Section 2: Leave Commencement** | | | | |
| **Please indicate type of leave:** | **Maternity Leave:** | | | **Adoption Leave:** |
| Date Leave Commenced (dd/mm/yyyy): | |  | | |

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| **Section 3: Leave Return** | | | | | |
| Date to be Paid From (dd/mm/yyyy): | |  | | | |
| Date Return to Work (dd/mm/yyyy): | |  | | | |
| **Section 4: Form authorised and submitted by:** | | | | | |
| Signature: |  | | | Date (dd/mm/yyyy): |  |
| For Payroll Office use only – Statutory Payments | | | | | |
| **M**aternity: | | | **A**doption: | | |