# Appendix D

# *Notification of Leave Intentions (enc. MATB1)*

*(Date)*

Dear ………….,

Please find attached my MATB1 Certificate confirming my expected week of childbirth as being \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Enter Date).*

I wish to confirm that I intend to:

* Commence my maternity leave on.............................. (Enter first date of mat leave)

and

* Take maternity leave for a period of .............. weeks/or end on .....................

***Please note that the number of weeks or end date entered here should refer to the number of weeks that you intend to take as maternity leave only – do not include annual leave in this request. Accrued annual leave is added to the end of your maternity leave****.*

Or

o Take a combination of both maternity leave and accrued to give me a physical return to work date on ….......................................................

Or

* Leave work to have my baby

*(please tick the chosen option(s))*

Yours sincerely

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

Name…………………………………………………. *(Print Name)*

**Please include the original MATB1 with this form**.

To be submitted by employee no later than the beginning of the 15th week before the Expected Week of Childbirth (EWC)

Please provide an email address for corresponding during your maternity leave:-

PLEASE PRINT YOUR EMAIL ADDRESS

Please send this letter to the maternity contact in the Board where you are currently working on placement. A contact list can be found on the Turas Hub here: <https://hub.nes.digital/lead-employer-arrangements/in-employment-information/maternity-leave-contacts/>