

Guide to HR Documents - Maternity Letters in EPM Connect

EPM Connect Guide

Document Control

Document Overview: This document provides an overview of Maternity Letters available within EPM Connect. These documents are available for HR Admin customers only.

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Document Approval

The Director of Operational Excellence shall review this guide annually and shall determine whether any further changes need to be made prior to approval.

This document was approved by Keren Prior, Director of Operational Excellence on 13th May 2026 and is issued on a version-controlled basis under her signature.

Document History

Date of Change	N/A
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New Version Number	N/A
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Guide to HR Documents in EPM Connect

We understand that documentation relating to new starters, resignations and contract changes is often required quickly. We also recognise that these situations, particularly resignations and contractual changes, can be sensitive, and that you know your staff and the context of each situation best.

To better support you, EPM has streamlined and simplified the document management process within EPM Connect. This enhancement enables faster turnaround times, reducing our HR Administration SLA from 10 days to 5 days, with the potential for further improvements. At the same time, it provides greater flexibility and control, allowing you to tailor documentation to your specific needs.

For HR Essentials and HR Partner customers, EPM Connect now offers two flexible approaches. Once a new starter, resignation or contract change is recorded, you can initiate a workflow which automatically triggers the relevant HR processes. Our experienced team will carry out key checks, such as prohibition checks for new starters, review system changes, and identify any potential issues before generating the appropriate documentation.

Documents are then shared with your Document Review Team, giving you the opportunity to complete final checks and apply any additional personalisation before approval.

For urgent changes, you also have the option to generate documents instantly using compliant EPM templates. While this route bypasses the individual compliance checks carried out by the EPM team, it enables immediate document production where speed is critical.

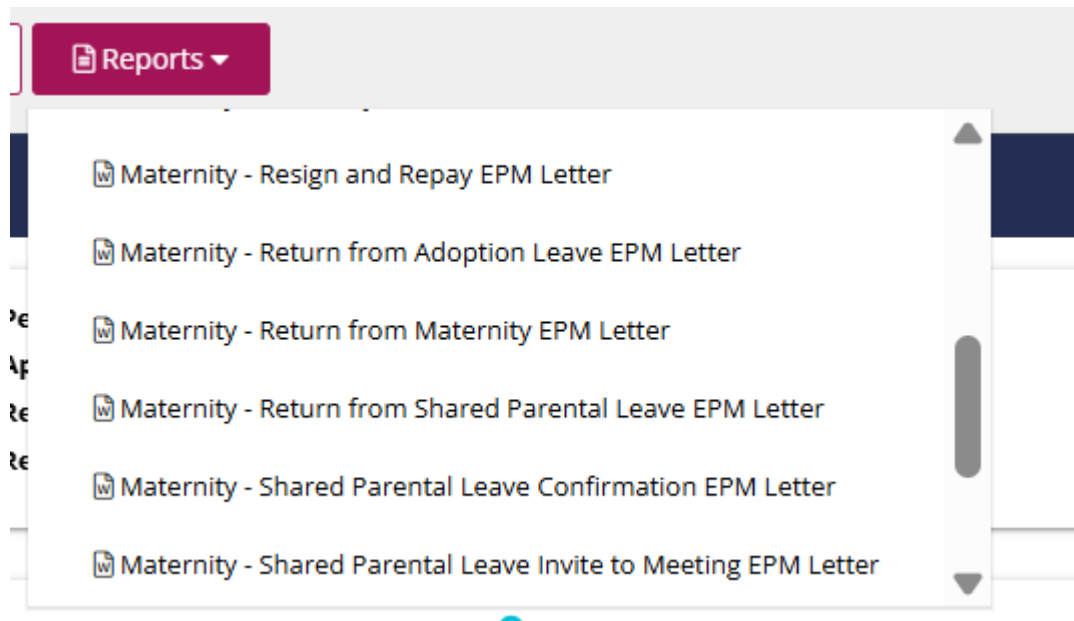
Once approved, you can manage the signatory process directly within the system by sending documents to the appropriate administrators and leaders for approval, before issuing them to employees or candidates for final signature.

Once signed, all documents are securely stored against the employee record, where they remain easily accessible for future reference and download.

Simplified formatting by replacing traditional letterheads with a logo. This significantly reduces the time required to produce documentation, enabling you to receive documents more quickly. If further personalisation is required, customers have the opportunity to save documents on headed paper where needed before issuing.

These changes also enable our teams to focus more time on reviewing changes and responding to customer queries, providing the support you need, when you need it.

All Maternity Documents can be downloaded via the Reports button within the relevant individual Absence Record.



Data Fields

Important

Fields shown in **teal** within the examples, indicate fields that are pulled directly from the **Employee Record** in EPM Connect, or consistent fields such as signatory that have been agreed previously with your EPM Admin Team.

Field in **purple** within the examples, indicate fields that should be entered/edited by the school.

Notes in **pink** provide explanations as part of this guide and will not appear within the documents.

School Logo

The logo of the relevant property (school) will be added to the letters directly from EPM Connect. The logo added will be the logo our HR Admin Team hold on file. Please send the relevant logo to your team.

Dates such as **00/00/0000** or **NOT SET** indicate incomplete fields within EPM Connect.

A dash (-) or **N/A** indicate that a dash or N/A have been entered within the relevant field.

Maternity Letters

These include:

- Maternity - Adoption Letter
- Maternity - Early Start to Maternity Letter
- Maternity - Maternity Leaver Letter
- Maternity - Resign and Repay Letter
- Maternity - Return from Adoption Letter
- Maternity - Return from Maternity Letter
- Maternity - Return from Shared Parental Leave Letter
- Maternity - Shared Parental Leave Confirmation Letter
- Maternity - Shared Parental Leave Invite to Meeting Letter
- Maternity - Shared Parental Leave Refusal Letter
- Maternity - Support Letter
- Maternity - Teaching Support Letter

Maternity - Adoption Letter

Date

Private & Confidential

Title First Name Surname

Address Line 1

Address Line 2

Address Line 3

Postcode

Dear **First Name**,

Thank you for your application for adoption leave and matching certificate confirming that your child is expected to be placed in the week including **Placement Date** and that you wish to commence your adoption leave on **Requested Start Date**.

I can confirm you are eligible to take 52 weeks adoption leave (26 weeks ordinary adoption leave plus 26 weeks additional adoption leave) from your employment as a **Job Title** at **Property Name**.

I understand you have also indicated a wish to take Shared Parental Leave (ShPL) and I have received your Notice to Opt-In to ShPL commencing on **SPL:StartDate**. I will write to you separately to confirm these arrangements.

1. The above paragraph is only relevant for employees who have opted for Shared Parental Leave.

Given your chosen start date of **Requested Start Date**, your adoption leave will end on **Requested End Date**. If you decide to return to work before **Requested End Date**, you must give the **Headteacher** at least 21 days' notice of the revised date in writing.

If you wish to change the date your adoption leave starts you are required to give the **Headteacher** a minimum of 28 days' notice of the proposed new start date in writing.

Due to your length of service you will be entitled to the following:

2. The wording above will be based on the policy options selected.

If, for any reason, you leave our employment after the Matching Week you are not entitled to adoption leave as you will not be returning to work for us but you will still be entitled to be paid SAP. However, if you start working for a new employer after the child has been placed with you, your SAP will stop.

During the period of your leave, payment will be made in exactly the same way as you receive your salary at the moment.

A schedule providing a clear breakdown of the adoption pay you can expect to receive whilst on leave will be sent to you in the month your leave commences.

3. The above wording only applies to EPM Payroll customers.

If whilst on adoption leave you decide not to return to work you must give the **Headteacher** 28 days' notice in writing. Your decision will not affect your entitlement to SAP/SAA payments. Once made SAP/SAA payments cannot be recovered unless an error has been made in payment, or eligibility for the allowance has ceased.

If you are unable to return to work on the date you are due to return, you must either produce a medical certificate to cover your absence or contact the **Headteacher** to explain any other reason for your continuing absence.

KEEP IN TOUCH DAYS

With the **Headteacher's** prior agreement, you are permitted to work for up to 10 days during your adoption leave without bringing your adoption leave to an end and without loss of a week's SAP (where SAP is due in that week).

The provisions apply to the entire period of your ordinary and additional adoption leave. You may receive your usual salary minus any SAP that is due for any days that you work. The calculation for a day's salary will be based on 1/365th of your full time salary.

4. The above paragraph is only relevant for Teaching Staff.

The provisions apply to the entire period of your ordinary and additional adoption leave. You may receive your usual salary minus any SMP that is due for any days that you work. The calculation for a days salary will be based on 1/Xth of your normal monthly salary, where X equals the number of days in the month in which you undertake the work.

5. The above paragraph is only relevant for Support Staff.

PENSIONS

If you are intending to take a period of unpaid absence during your adoption leave you should be aware that you will not pay contributions during this period. You are advised to contact Teachers Pensions to seek advice on the effect that a period of unpaid adoption leave will have as well as any options available to enhance your pension. Further details are available on www.teacherspensions.co.uk

6. The above paragraph is only relevant for Teaching Staff.

PENSIONS

If you normally contribute to the Local Government Pension Scheme you will continue to pay Superannuation contributions. Contributions, are payable on the actual pay you receive, i.e. half pay/SAP etc. These periods will reckon in full for pension purposes.

Members of the Local Government Pension Scheme (LGPS) who decide they will return after the 39 weeks paid adoption leave will pay pension contributions based on the actual adoption pay received during the first 39 weeks.

During unpaid Additional Adoption Leave we shall not make any payments in to the pension scheme and you will no longer continue paying contributions into the pension. If you resign at

the start of the adoption leave you will cease to pay pension contributions on the day on which the termination of the contract of employment takes effect.

7. This paragraph is only relevant for Support Staff.

May I take this opportunity to wish you the very best during your adoption leave.

If you should have any queries regarding this letter or any aspect of your leave, please do not hesitate to contact the **Headteacher**.

Yours sincerely

Signatory Name

Signatory Job Title

Property Name

8. Please replace Headteacher name and title with Chair of Governors details for Leadership roles

Fields

All fields are completed from the data entered within the **Adoption Leave Request** screen, with the exception of **Job Title** and **Property Name** which completed using the information in the relevant **Employee Record**.

Maternity - Early Start to Maternity Leave Letter

Date

Private & Confidential

Title First Name Surname

Address Line 1

Address Line 2

Address Line 3

Postcode

Dear **First Name**,

Further to the letter issued to you dated Date I am writing to confirm that following the early arrival of your baby on Date, your maternity leave has now commenced with effect from **Requested Start Date**.

OR

Further to the letter issued to you dated Date, I am writing to confirm that, as you have been absent from work with a pregnancy related illness within 4 weeks of your due date, your maternity leave has now commenced automatically with effect from **Requested Start Date**.

1. Select one of the two paragraph's above.

Given your amended start date of **Requested Start Date**, your maternity leave will now end on **End Date** (52 weeks following start date). If you decide to return to work before **Return to work Date**, you must give the **Headteacher** at least 21 days notice of the revised date in writing.

2. All schools will display 21 days unless otherwise agreed with EPM HR Team.

A new maternity schedule providing a clear breakdown of the maternity pay you can expect to receive whilst on leave will be sent to you in the month your maternity leave commences.

All other details within the original maternity letter issued to you remain the same. If you should have any queries regarding this letter or any aspect of your leave, please do not hesitate to contact the **Headteacher**.

Yours sincerely

Signatory Name

Signatory Job Title

Property Name

3. Please replace Headteacher name and title with Chair of Governors details for Leadership roles

Maternity - Leaver Letter

Date

Private & Confidential

Title First Name Surname

Address Line 1

Address Line 2

Address Line 3

Postcode

Dear **First Name**,

Thank you for your application for maternity leave and maternity certificate MAT B1 confirming that your baby is expected in the week including **Due Date**.

1. The above paragraph applies to employees where MATB1 form has been shared with EPM HR Team.

informing the **Headteacher** that your baby will be born in week commencing **Due Date**.

2. The above paragraph applies to employees where a MATB1 form has not been shared with EPM HR Team.

I can confirm you are eligible to take 52 weeks maternity leave (26 weeks ordinary maternity leave plus 26 weeks additional maternity leave) from your employment as a **Job Title** at **Property Name**. However, you have confirmed that you wish to resign from your post and therefore your employment will terminate on **X**. X is determined by the last pay date provided on Maternity schedule.

OR

the end of your maternity pay period, which will be confirmed in due course by our payroll providers.

3. Delete the above paragraph if X is known.

If your baby should arrive before **Job End Date/Maternity Due Date**, your termination date will be brought forward to the day after the birth of your baby.

Should this occur, you must forward a copy of your baby's birth certificate to **Property Name** as soon as possible. Similarly, should you become unfit to work within four weeks of your expected week of childbirth due to a pregnancy related illness your resignation date will be reviewed with you.

If you wish to change the date your maternity leave starts and therefore your resignation date with the Setting; you are required to give **Property Name** a minimum of 28 days' notice of the proposed new start date in writing.

Your length of service entitles you to the following entitlements:

4. Where MATB1 form has been shared with EPM HR Team, entitlements will be listed based on the selected policy.

Subject to receipt of the Medical Certificate MAT B1 which is available from your Doctor or Midwife from the 20th week of your pregnancy onwards your length of service entitles you to the following entitlements:

5. Delete the above paragraph if MATB1 form has been seen. Entitlements will be listed based on the selected policy.

Payment will be made in exactly the same way as you receive your salary at the moment.

A schedule providing a clear breakdown of the maternity pay you can expect to receive whilst on leave will be sent to you in the month your maternity leave commences by your payroll provider.

Your decision to resign and not return to work will not affect your entitlement to SMP/SMA payments. Once made SMP/SMA payments cannot be recovered unless an error has been made in payment, or eligibility for the allowance has ceased.

PENSIONS

If you normally contribute to the your Pension Scheme you will continue to pay Superannuation contributions. Contributions, are payable on the actual pay you receive. These periods will reckon in full for pension purposes.

If you have any concerns or have reason to believe that an assessment is required to identify any hazards in the school which could be a risk to you in relation to your pregnancy, please notify the **Headteacher** in the first instance as soon as is practicable. Further information can be found using the link at the bottom of this letter.

Your final payslip and P45 will be issued to you in due course.

May I take this opportunity to wish you the very best of health during your pregnancy and to thank you for the work you have undertaken since your appointment.

If you should have any queries regarding this letter or any aspect of your leave, please do not hesitate to contact the **Headteacher**.

Yours sincerely

Signatory Name

Signatory Job Title

Property Name

6. Please replace Headteacher name and title with Chair of Governors details for Leadership roles.

Maternity – Resign and Repay Letter

Date

Private & Confidential

Title First Name Surname

Address Line 1

Address Line 2

Address Line 3

Postcode

Dear **First Name**,

Thank you for your recent letter informing me of your intention to resign from your post(s) as **a/an Job Title** at **Property Name** with effect from **End Date**, following your maternity leave.

Please identify if the employee has taken the half pay option by checking the previously issued maternity letter and confirming with payroll. Include following paragraph if additional pay received / delete if not]

As stated in my previous letter regarding maternity leave arrangements, receipt of the enhanced maternity benefit payment of 12 weeks additional contractual half pay required you to return to work for a minimum of 13 weeks. As you have already received these monies but are not returning to the **Property Name** then please be advised that repayment in full to the Setting is necessary. Our payroll provider will confirm the exact amount due and repayment plan options by separate communication.

1. Delete as appropriate.

Your P45 will be issued to you in due course.

May I take this opportunity on behalf of **Property Name** to thank you for the work you have undertaken in this post since your appointment and to wish you all the best for the future.

If you have any queries regarding this matter please speak to me in the first instance.

Yours sincerely

Signatory Name

Signatory Job Title

Property Name

2. Please replace Headteacher name and title with Chair of Governors details for Leadership roles.

Maternity - Return from Adoption Letter

Date

Private & Confidential

Title First Name Surname

Address Line 1

Address Line 2

Address Line 3

Postcode

Dear **First Name**,

I understand that you intend to return to your post as **a/an Job Title** at **Property Name** following your adoption leave.

I can confirm that you will be returning to work with effect from **Return to Work Date**. We agreed that your normal working pattern will be as follows:

Shift Pattern

Your teaching commitment will be **FTE Value** per week on your return.

1. The above paragraph will only apply to teaching roles.

Your hours of work will be **Contract Hours** per week, **Working Weeks** per annum.

2. The above paragraph will only apply to non-teaching roles.

You may be required to work such additional hours as may be necessary for the proper performance of your duties from time to time. If your hours and weeks or your working pattern need to be amended, the variation will be notified to you by the employer prior to implementation.

Your salary on **Pay Scale Pay Range** will be **Salary** per annum, **proportionate to the full time rate of X** 3. Proportionate to the full time rate of X will only be included for non full time employees.

In addition to your salary you are entitled to receive the following allowances:

Additional Payment Title Amount Frequency

Your total salary inclusive of allowances will be **Salary, plus Additions** per annum.

As you are aware, you would have had to work for a minimum of 13 weeks at full time in order for you to retain your half pay entitlement to contractual adoption pay; this has been extended to **X** weeks to take account of this reduction.

4. Delete above paragraph if not applicable.

All other conditions of your employment remain unchanged and are as detailed in the statement of particulars previously issued to you and any subsequent correspondence.

The **Headteacher** looks forward to welcoming you back to the team

If you have any queries regarding this matter please speak to the **Headteacher** in the first instance.

Yours sincerely

Signatory Name

Signatory Job Title

Property Name

5. Please replace Headteacher name and title with Chair of Governors details for Leadership roles.

Maternity - Return from Maternity Letter

Date

Private & Confidential

Title First Name Surname

Address Line 1

Address Line 2

Address Line 3

Postcode

Dear **First Name**,

I understand that you intend to return to your post as **Job Title** at **Property Name** following your maternity leave. I confirm that it is in order for you to return to work with effect from **Date**.

We agreed that your normal working pattern will be as follows:

Please confirm working pattern via EPM Connect

Your teaching commitment will be **FTE Value** per week on your return.

1. The above paragraph only applies Teaching staff.

Your hours of work will be **Contract Hours** per week, **Working Weeks** weeks per annum.

You may be required to work such additional hours as may be necessary for the proper performance of your duties from time to time. If your hours and weeks or your working pattern need to be amended, the variation will be notified to you by the employer prior to implementation.

Your salary on **Pay Scale**, **Pay Range** will be **Salary** per annum, proportionate to the full time rate of **Salary**.

2. Proportionate to the full time rate of only applies to part time staff.

In addition to your salary you are entitled to receive the following allowances:

Addition Settings, Title Full Time Amount, Frequency

3. The above details are pulled from the **Additions** page in EPM Connect. This will not appear if the employee does not have allowances.

Your total salary inclusive of allowances will be **Salary + Full Time Amount** per annum.

All other conditions of your employment remain unchanged and are as detailed in the statement of particulars previously issued to you and any subsequent.

We look forward to welcoming you back to the team.

If you have any queries regarding this matter please speak to me in the first instance.

Yours sincerely

Signatory Name

Signatory Job Title

Property Name

4. Please replace Headteacher name and title with Chair of Governors details for Leadership roles.

Maternity - Return from Shared Parental Leave Letter

Date

Private & Confidential

Title First Name Surname

Address Line 1

Address Line 2

Address Line 3

Postcode

Dear **First Name**,

I understand that you intend to return to your post as **a/an Job Title** at **Property Name** following the end of your Shared Parental Leave (SPL) period.

I confirm that it is in order for you to return to work with effect from **Period 1 End Date** and your teaching commitment will be **FTE Value** per week on your return

1. The above paragraph only applies Teaching staff.

I confirm that it is in order for you to return to work with effect from **Period 1 End Date** and your hours of work will be **Contract Hours** per week per annum.

2. The above paragraph only applies Support staff.

We agreed that your normal working pattern will be as follows:

Shift Pattern

3. The above Shift Pattern is sourced directly from the **Shift Pattern** area within EPM Connect. If this is not completed this will be left for the customer to complete.

*You may be required to work such additional hours as may be necessary for the proper performance of your duties from time to time. If your **hours and weeks/your working pattern** need to be amended, the variation will be notified to you prior to implementation.

4. **Hours and weeks** applies to teaching staff. **Your working pattern** applies to Support staff..

Your salary on **Pay Scale, Pay Range** will be **Salary** per annum, proportionate to the full time rate of **Salary**.

5. **Proportionate to the full time rate of Salary** only applies to part time staff.

6. If the employee is returning without any changes to their job then this paragraph can be removed:

In addition to your salary you are entitled to receive the following allowances:

Addition Settings, Title Full Time Amount, Frequency

7. The above details are pulled from the **Additions** page in EPM Connect. This will not appear if the employee does not have allowances.

Your total salary inclusive of allowances will be **Salary + Full Time Amount** per annum.

As you are aware, you would have had to work for a minimum of 13 weeks at full time in order for you to retain your half pay entitlement to contractual maternity pay. As you opted to take SPL and have returned to work between **date** and **date**, the qualifying 13 weeks have been reduced to **X** weeks. *However, these weeks have been extended to **X**, to take account the reduction of teaching commitment upon your return.

All other conditions of your employment remain unchanged and are as detailed in the statement of particulars previously issued to you and any subsequent correspondence.

We look forward to welcoming you back to the team.

If you have any queries regarding this matter please speak to me in the first instance.

Yours sincerely

Signatory Name

Signatory Job Title

Property Name

8. Please replace Headteacher name and title with Chair of Governors details for Leadership roles

Maternity - Shared Parental Leave Confirmation Letter

Date

Private & Confidential

Title First Name Surname

Address Line 1

Address Line 2

Address Line 3

Postcode

Dear **First Name**,

Shared Parental Leave Confirmation

Thank you for your Notice to Opt-In to Shared Parental Leave commencing on **Start Date** and completed copies of Appendices A, B and C from the Shared Parental Leave Policy.

You are entitled to take Shared Parental Leave as set out in your notification and I confirm that you currently have **X** weeks of Shared Parental Leave available to you. You are entitled to **X** weeks of Statutory Shared Parental Pay.

You will therefore be away from your post(s) at [[Property:Name]] on Shared Parental Leave from **Start Date** to **End Date**

You are expected to return to work on the first working day after your leave period ends.

1. If leave is discontinuous then please amend as required.

During the leave period you will receive Statutory Shared Parental Pay from **Date** to **Date**

2. Statutory pay can only be paid for up to 39 weeks so please check that these dates are within the 39 week period (minus the number of weeks of SMP or MA taken).

The current rate of SSPP is £194.32 per week.

3. Where no pay or enhanced shared parental leave pay above the statutory amount is applicable then please amend as needed. This will depend on the School/Academy policy.

If you wish to vary or reduce the Shared Parental Leave that you have booked, you must give the employer at least eight weeks' notice before any amended dates occur and complete Appendix C with the new dates requested. A notice to vary your booked leave will count as a new notice thereby reducing your entitlement to make three statutory notifications by a further one.

If you have any questions about any aspect of your Shared Parental Leave and/or pay entitlement, please do not hesitate to speak to **Name of Individual/Line Manager**.

Yours sincerely

Signatory Name

Signatory Job Title

Property Name

1. Please replace Headteacher name and title with Chair of Governors details for Leadership roles

Maternity - Shared Parental Leave Invite to Meeting Letter

Date

Private & Confidential

Title First Name Surname

Address Line 1

Address Line 2

Address Line 3

Postcode

Shared Parental Leave Meeting

Thank you for your notice to book a period of Shared Parental Leave (Appendix C) from your post(s) at **Property Name** that was received on **Date**. I would like to arrange a convenient time to discuss your Shared Parental Leave request with you.

I therefore propose a meeting at **Location** on **Date** at **Time**. You may, if you wish, be accompanied by a workplace colleague or trade union representative.

Please could you contact **Name of Individual Manager** to confirm whether you are able to attend the meeting proposed above or to propose an alternative time and date.

Yours sincerely

Signatory Name

Signatory Job Title

Property Name

1. Please replace Headteacher name and title with Chair of Governors details for Leadership roles.

Maternity - Shared Parental Leave Refusal Letter

Date

Private & Confidential

Title First Name Surname

Address Line 1

Address Line 2

Address Line 3

Postcode

Availability of Shared Parental Leave

Thank you for your Notice of Dates for Shared Parental Leave (Appendix C) that was received on **Date**.

Having considered your Shared Parental Leave requested dates, I regret that **Property Name** is unable to agree to the pattern of discontinuous leave that you requested from your post(s).

Unless your notice is withdrawn in accordance with paragraphs **X** and **X** of the Shared Parental Leave Policy, the total amount of leave requested in your notice, amounting to **X** weeks will automatically become a continuous period of Shared Parental Leave absence. Unless **Property Name** is informed otherwise this will begin on the date you originally requested your leave period to start **Date**.

If you would like the period of Shared Parental Leave to begin on a different date please confirm this to **Name of Individual Manager** on or before **Date**.

1. This is a date within 5 days of the end of the two week discussion period – see shared parental leave policy.

Please remember that the start date cannot be sooner than eight weeks from the date your original notice was given.

Alternatively you may withdraw your notification on or before **Date**.

2. This is a date within 15 days of the date of the Notice of Dates for Shared Parental Leave (Appendix C). (See the shared parental leave policy.)

This would then not count as one of your Shared Parental Leave notifications.

If you have any questions about any aspect of your Shared Parental Leave and/or pay entitlement, please do not hesitate to speak to **Name of Individual Manager**.

Yours sincerely

Signatory Name

Signatory Job Title

Property Name

3. Please replace Headteacher name and title with Chair of Governors details for Leadership roles

Maternity - Support Staff Letter

Date

Private & Confidential

Title First Name Surname

Address Line 1

Address Line 2

Address Line 3

Postcode

Dear **First Name Surname**,

Thank you for your application for maternity leave and maternity certificate MAT B1 confirming that your baby is expected in the week including **Due Date** and that you wish to commence your leave on **Requested Start Date**.

1. The above paragraph is only available if MATB1 form has been seen.

Thank you for your application for maternity leave informing the **Headteacher** that your baby will be born in week commencing **Due Date**. I confirm that it is in order for you to take maternity leave from **Requested Start Date**, subject to receipt of the Medical Certificate MAT B1 which is available from your Doctor or Midwife from the 20th week of your pregnancy onwards.

I can confirm you are eligible to take 52 weeks maternity leave (26 weeks ordinary maternity leave plus 26 weeks additional maternity leave) from your employment as a

*I understand you have also indicated a wish to take Shared Parental Leave (ShPL) and I have received your Notice to Opt-In to ShPL commencing on **Date**. I will write to you separately to confirm these arrangements.*

2. The above paragraph is only available if Shared Parental Leave has replaced Maternity.

If your baby should arrive before the start of your maternity leave, your period of leave will commence from the day **of/after** the birth of your baby, should this occur you must forward a copy of your baby's birth certificate to the **Headteacher** as soon as possible. Similarly, maternity leave will commence automatically should you become unfit to work within four weeks of your expected week of childbirth due to a pregnancy related illness.

Given your chosen start date of **Requested Start Date**, your maternity leave will end on **X**.

If you decide to return to work before **X** you must give the **Headteacher** at least **X** days notice of the revised date in writing.

If you wish to change the date your maternity leave starts you are required to give the **Headteacher** a minimum of 28 days' notice of the proposed new start date in writing.

Your length of service entitles you to the following leave and pay:

During the period of your leave, payment will be made in exactly the same way as you receive your salary at the moment.

A schedule providing a clear breakdown of the maternity pay you can expect to receive whilst on leave will be sent to you in the month your maternity commences.

3. The above paragraph is only available for Payroll only customers.

If whilst on maternity leave you decide not to return to work you must still give the **Headteacher** 8 weeks notice, however, your decision will not affect your entitlement to SMP/SMA

payments. Once made SMP/SMA payments cannot be recovered unless an error has been made in payment, or eligibility for the allowance has ceased.

If you are unable to return to work on the date you are due to return, you must either produce a medical certificate to cover your absence or contact the **Headteacher** to explain any other reason for your continued absence.

KEEP IN TOUCH DAYS

With the **Headteacher**'s prior agreement, you are permitted to work for up to 10 days during your maternity leave without bringing your maternity leave to an end and without loss of a week's SMP (where SMP is due in that week).

If you wish to 'keep in touch' in this way, please contact me to discuss appropriate dates.

The calculation for a day's salary will be based on **1/Xth** of your normal monthly salary, where **X** equals the number of days in the month in which you undertake the work.

[[ENDIF]]

The provisions apply to the entire period of your ordinary and additional maternity leave, except during the first two weeks from the day of your childbirth. This is a period of compulsory maternity leave during which you are prohibited from working. You may receive your usual salary minus any SMP that is due for any days that you work.

PENSIONS

If you normally contribute to the Local Government Pension Scheme you will continue to pay Superannuation contributions. Contributions, are payable on the actual pay you receive, i.e. half pay/SMP etc. These periods will reckon in full for pension purposes.

If you are in the Pension Scheme form LGPS/MAT2 (enclosed) should be completed, whether you wish to pay contributions in respect of your period of unpaid maternity leave or not. The Pensions Section will provide further details on request.

If you are in the Pension Scheme and wish to pay contributions in respect of your period of unpaid maternity leave you should contact the Pensions Section who will provide further details on request. An election must be made within 30 days of your return to work or within 30 days of your last day of service if you do not return. If an election is made, contributions must be paid on the level of pay that you were entitled to receive immediately prior to the commencement of the unpaid absence. If you were paying additional percentage contributions immediately prior to your maternity absence, these contributions will remain payable in full throughout the period of unpaid absence, whether or not you elect to pay normal contributions.

RISK ASSESSMENT

If you have any concerns or have reason to believe that an assessment is required to identify any hazards in the school which could be a risk to you in relation to your pregnancy, please contact the **Headteacher** in the first instance as soon as is practicable. Further information can be found at the following link: [Protecting new and expectant mothers at work - HSE](#).

May I take this opportunity to wish you the very best of health during your maternity leave.

If you should have any queries regarding this letter or any aspect of your leave, please do not hesitate to contact the **Headteacher**.

Yours sincerely

Signatory Name

Signatory Job Title

Property Name

1. Please replace Headteacher name and title with Chair of Governors details for Leadership roles

Maternity – Teaching Staff Letter

Date

Private & Confidential

Title First Name Surname

Address Line 1

Address Line 2

Address Line 3

Postcode

Dear **First Name Surname**

Thank you for your application for maternity leave and maternity certificate MAT B1 confirming that your baby is expected in the week including **Due Date** and that you wish to commence your leave on **Requested Start Date**.

1. The above paragraph is only available if MATB1 form has been seen.

Thank you for your application for maternity leave informing the **Headteacher** that your baby will be born in week commencing **Due Date**. I confirm that it is in order for you to take maternity leave from **Requested Start Date**, subject to receipt of the Medical Certificate MAT B1 which is available from your Doctor or Midwife from the 20th week of your pregnancy onwards.

I can confirm you are eligible to take 52 weeks maternity leave (26 weeks ordinary maternity leave plus 26 weeks additional maternity leave) from your employment as a **Job Title** at **Property Name**.

I understand you have also indicated a wish to take Shared Parental Leave (ShPL) and I have received your Notice to Opt-In to ShPL commencing on DATE. I will write to you separately to confirm these arrangements.

If your baby should arrive before the start of your maternity leave, your period of leave will commence from the day after the birth of your baby, should this occur you must forward a copy of your baby's birth certificate to the **Headteacher** as soon as possible. Similarly, maternity leave will commence automatically should you become unfit to work within four weeks of your expected week of childbirth due to a pregnancy related illness.

Given your chosen start date of **Requested Start Date**, your maternity leave will end on Requested End Date.

2. The above paragraph is only available if MATB1 form has been seen.

If you decide to return to work before **Requested End Date/Requested Start Date** you must give the **Headteacher X** days notice of the revised date in writing.

If you wish to change the date your maternity leave starts you are required to give the **Headteacher** a minimum of 28 days' notice of the proposed new start date in writing.

Your length of service entitles you to the following leave and pay:

3. Information is based on the Maternity policy option selected.

During the period of your leave, payment will be made in exactly the same way as you receive your salary at the moment.

A schedule providing a clear breakdown of the maternity pay you can expect to receive whilst on leave will be sent to you in the month your maternity commences.

If whilst on maternity leave you decide not to return to work your normal contractual notice periods will apply you must still give the **Headteacher** 28 days notice however, your decision will not affect your entitlement to SMP/SMA payments. Once made SMP/SMA payments cannot be recovered unless an error has been made in payment, or eligibility for the allowance has ceased.

If you are unable to return to work on the date you are due to return, you must either produce a medical certificate to cover your absence or contact the **Headteacher** to explain any other reason for your continued absence.

KEEP IN TOUCH DAYS

With the **Headteacher's** prior agreement, you are permitted to work for up to 10 days during your maternity leave without bringing your maternity leave to an end and without loss of a week's SMP (where SMP is due in that week).

You have indicated on your maternity application form that you do not wish to 'keep in touch' during your maternity leave, should this change please contact me to discuss arrangements.

OR

You have not yet indicated whether you wish to 'keep in touch.' Should you wish to make arrangements to do so please contact me.

4. Delete as appropriate.

The provisions apply to the entire period of your ordinary and additional maternity leave, except during the first two weeks from the day of your childbirth. This is a period of compulsory maternity leave during which you are prohibited from working. You may receive your usual salary minus any SMP that is due for any days that you work.

The calculation for a day's salary will be based on 1/365th of your full time salary.

PENSIONS

If you are intending to take a period of unpaid absence during your maternity leave you should be aware that you will not pay contributions during this period. You are advised to contact Teachers' Pensions to seek advice on the effect that a period of unpaid maternity leave will have as well as any options available to enhance your pension. Further details are available on www.teacherspensions.co.uk.

If you have any concerns or have reason to believe that an assessment is required to identify any hazards in the school which could be a risk to you in relation to your pregnancy,

please contact the **Headteacher** in the first instance as soon as is practicable. Further information can be found using the link at the bottom of this letter.

May I take this opportunity to wish you the very best of health during your maternity leave.

If you should have any queries regarding this letter or any aspect of your leave, please do not hesitate to contact the **Headteacher**.

Yours sincerely

Signatory Name

Signatory Job Title

Property Name

5. Please replace Headteacher name and title with Chair of Governors details for Leadership roles.