



Human Resource Management Support Services

Bridge House, Skehard Road,
Blackrock, Cork
T: 021 4614020 F: 021 4614034
www.1stophr.ie info@1stophr.ie

NOTIFICATION OF MATERNITY LEAVE

This form must be completed by employees intending to take maternity leave under the Maternity Protection Acts 1994 and 2004, no later than 4 weeks before the leave is due to begin and must be accompanied by a medical certificate confirming the pregnancy and indicating the expected week of confinement.

Name of Employee: _____

Address: _____

RSI Number: _____

I hereby notify _____ of my intention to take maternity leave.

The maternity leave period will commence on: _____

My maternity leave period is due to end on: _____

Additional Maternity Leave

If I intend to take additional maternity leave I understand that I must notify the company in writing at least 4 weeks before the end of my maternity leave, i.e. not later than _____.

Intention to Return to Work

If I intend to return to work after my maternity leave, I understand that I must notify in writing, not later than 4 weeks before the end of my leave, i.e. not later than _____.

I have read and understand the terms of this maternity leave and declare that the information provided is accurate.

Employee Signature: _____ Date: _____

Employer Confirmation

Employer Authorisation: _____ Date: _____