

# **Maternity Leave Application Form- HR 108 (i)**

This form is to be used by employees to apply for Maternity Leave (26 weeks' paid leave), additional Maternity Leave (16 weeks' unpaid leave), premature birth Maternity Leave (paid), Postponement of Maternity leave due to serious illness of the employee HSE HR Circular 28/2024 (Section 5) and postponement of Maternity Leave due to hospitalisation of child. Please note: You are required to give a minimum of four weeks' notice to your employer before taking Maternity Leave. The start date of any period of premature birth leave must be the day after the finish date of the standard 26 weeks' paid maternity leave. The start date of additional (unpaid) Maternity Leave must be the day after the finish date of Maternity Leave or, if applicable, premature birth leave as per HR Circular 13/2019.

Public holidays and annual leave accrued during maternity leave, additional maternity leave and premature birth leave should normally be taken immediately after Additional (unpaid) Maternity Leave finishes.

Please complete in typed format (not handwritten) and Tick ☑ appropriate boxes

Section 1-3 : To be co	mpleted	d by	Em	ploy	/ee													
Surname:						First	Name											
Grade:						Pers	sonnel	No:										
Location:							No.											
Section 2: Absence T	Section 2: Absence Type Start												En	d Da	ate			
Maternity Leave																		
Additional Maternity Leave																		
Premature Maternity Leave																		
For Duration of each leave type please refer to Appendix 1											·	l l						
Section 3: Additional Information																		
Expected Date of Delivery																		
Doctor's Name:						Doctors Stamp												
Doctor's	Signature:																	
Note: When applying for maternity	y leave, pleas	se ens	ure yo	ur GP	comp	l letes th	ne sect	ion ab	ove	or att	ach ce	rtificat	tion fro	m the	Dep	artmen	:	
of Social Protection.																		
Maternity Benefit For staff paying Class A PRSI c	ontributions																	
Please ensure that you have mad Maternity Benefit) (See Appendix	e an applicat	ion to										e appr	opriate	e bene	efit (N	IB 1 Fo	rm for	
I have enclosed certification to con	nfirm the exp	ected (	date o	f deliv	ery													
I confirm that I have read and und	erstand the r	natern	ity lea	ve poli	icy and	d the e	xplana	tory no	otes i	includ	led in	Apper	ndix 1					
Signature:						Date	:											
Name:	Tel N	lo:		•			•	•	•		•							

Name: Personnel No:

Section 4: To Be Completed By Line Manager																				
Checklist																				
All PRSI Class A Employees		EDD received								MB1/AB1 to Dept S.W.										
Average Hours worked per week						(Hou	rs to be	e paid	on Ma	aternity	/ Leave	e)								
Are there allowances not payable during the Maternity Leave								Yes			N/A									
Please list allowances not payable :																				
If this employee in a fixed term or if the period of leave applied for is contract.											Yes			N	lo					
If No please provide expected expiry d	ate of co	ntract																		
I have checked the relevant supporting documentation required for the leave requested and confirm that this employee is eligible for maternity leave.																				
Signature:			received  (Hours to be paid on Maternity Leave)  (Leave Yes No																	
Name: (Capitals)							Grade:													
Contact Phone No:						Mobile No:														
E-mail address:																				
-				_													lar			
To be completed by Em	ploye	е																		
Postponement Dates				5	Start	Dat	е		End Date											
First Postponement																				
Second Postponement (if applicable)																				
	th revise	ed Ma	ternity	y Leav	ve dat	es. P	•				•			•						
Absence Type				5	Start	Dat	е						End	Date	Э		_			
Maternity Leave																				
Additional Maternity Leave																				
Premature Maternity Leave																				
Signature:						Date	): 	$oxedsymbol{oxedsymbol{oxedsymbol{oxed}}}$		[			$\perp$			[				
Name:																				

Name: Personnel No:	
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To be completed by the Line M	lanag	ger															
Checklist																	
I confirm the employee qualifies for postponement under the provisions of the HSE HR Circular 28/2024 - Right to postpone maternity leave in cases of serious illness																	
I confirm that sick leave will be entered by TRO fo	or the d	luratio	n of th	ne pos	tponen	nent											
I confirm that Maternity Leave taken does not exceed the maximum entitlement																	
Signature:																	
Name: (Capitals)	Name: (Capitals)  Grade:																
Contact Phone No:	Contact Phone No:						Mobile No:										
E-mail address:				•													
Section 6: Postponement of Ma Apply to postpone maternity leave/ additiona maternity leave has been taken (at least 4 w  To be completed by Employee	l mate	rnity	for up	to 6	month	s in th	ne eve						sed if	14 we	eks	of	
Postponement Dates			5	Start	Date	9					E	nd I	Date				
Please ensure you submit a letter from th submit a letter or certificate that your bab									/ has	bee	n hos	pitali	sed.	Plea	se a	lso	
To be completed by the Line Ma	nage	er															
I confirm that I have approved the postponem child.	ent of	mate	rnity	leave	/addit	ional	mate	rnity le	eave (	due to	the l	hospit	alisat	ion of	the		
Signature:																	
Name: (Capitals)					Grade:												
Contact Phone No:						Mobile No:											
E-mail address:																	
Section 6: Local Payroll (for SA	AP pl	has	e 1 s	sites	s on	у)											
Location Code					Signa	ture:											
Name:					Date:												
Tel No:						ı		1	l				1	1			

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# **Explanatory Note on Maternity Leave**

## **Maternity Leave – Entitlements**

The Maternity Protection Acts 1994 and 2004 provides protection for all pregnant employees, employees who have recently given birth and/or who are breastfeeding. There are no service qualifications. Transgender men who have given birth can access statutory maternity leave, additional maternity leave and, if applicable, premature birth leave.

Under the Maternity Protection Acts 1994 and 2004 employees are entitled to **26 weeks maternity leave subject to compliance with the statutory notification requirements**. A pregnant employee can begin and end their maternity leave on any day they select but must take:

- a minimum of two weeks' leave before the end of the expected week of confinement
- 4 weeks' leave after the end of the expected week of confinement.

An employee is also entitled to take **16 weeks' (unpaid) additional maternity leave** immediately after the end of ordinary maternity leave.

## **Maternity Leave – Notification Requirements**

An employee must notify their line manager of their intention to take maternity leave at least four weeks before the leave is due to commence.

Application for additional maternity leave should be made either at the time of the initial application or in writing not later than 4 weeks before the end of the 26 weeks' paid maternity leave.

If an employee changes their mind about taking maternity leave they may revoke the notice by sending a further written notice to their line manager.

### Payment while on Maternity Leave

In accordance with the maternity pay scheme for public health service employees (Department of Health Circular 8/1998), employees on maternity leave are entitled to basic pay plus normal fixed allowances less any Department of Social Protection (DSP) maternity benefit to which they may be entitled on foot of their social welfare contributions. This does not include additional amounts due to night work, overtime, shift work, working unsociable hours, standby or on-call allowances or other variable premium payments.

Where an employee does not meet the eligibility requirements for claiming maternity benefit from the DSP, they may receive full remuneration from the employer during the standard 26 weeks of maternity leave and any additional period due to a premature birth. This provision does not apply, however, to any employee who satisfies the eligibility criteria for maternity benefit but fails to comply with any of the conditions laid down by the DSP for payment of maternity benefit to which they would otherwise be entitled.

Employees are required to make the necessary claims for maternity benefit to the Department of Social Protection within the required time limits and to comply with whatever requirements are laid down by that Department as a condition of claiming benefit.

http://www.welfare.ie/en/pdf/mb1.pdf



Employees are also obliged to do the following:

- Notify the HSE of the actual amount of Maternity benefit they are in receipt of
- Notify the HSE of any subsequent revisions to that amount.

The HSE is not liable for any loss that an employee incurs as a result of their failure to comply with the rules governing the granting of maternity benefit as set out by the Department of Social Protection.

## **Early Confinement / Premature Births**

In the event of premature birth, employees may be entitled to a further period of paid maternity leave. Additional entitlements apply after the end of the standard 26 week period of maternity leave.

Please refer to HSE HR Circular 13/2019 here.

## Postponing maternity leave due to serious illness

Employees may postpone their maternity leave for up to 52 weeks if they have a serious illness. A serious illness is one that significantly affects their health or wellbeing. This includes both physical and mental illnesses as certified by their doctor. The employee will transfer to the Public Service Sick Leave Scheme.

The employee's absence during the period of postponed maternity leave will be recorded as sick leave. They will still be eligible for other types of statutory leave, such as unpaid maternity leave, parental leave, or parent's leave.

Employees must give their manager 2 weeks' notice that they intend to postpone maternity leave using the maternity leave application form – HR 108(i).

Employees can postpone their maternity leave twice due to serious illness. The second period of postponement must immediately follow on from the first postponement. Employees must give their manager 2 weeks 'notice that they intend to further postpone their maternity leave and provide a medical certificate.

Employees can take their postponed maternity leave as one continuous period the day after their medical certificate ends. They must notify their manager in writing that they intend to take their maternity leave.

For more information please refer HSE HR Circular 028/2024 Right to Postpone Maternity Leave in Cases of Serious Illness <u>here.</u>

### Postponement of Leave Due to Hospitalisation of Child

An employee may postpone the period of maternity leave / additional maternity leave (subject to the agreement of their employer) in the event of the hospitalisation of the newborn child for up to 6 months. Leave may only be postponed after 14 weeks' maternity leave has been taken.

The decision to postpone the maternity leave or additional maternity leave is subject to the agreement of the employer. If the employer does agree to postpone the leave, then the employee concerned must return to work on the date agreed between both parties. The remaining leave is postponed and the employee will be entitled to take "resumed leave" not later than seven days after the discharge of the child from hospital. The remaining leave must be taken in one block. The maximum period of postponement of leave will be six months from the return to work date.

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The employer may require an employee to provide a letter from the hospital in which the child is hospitalised, confirming the hospitalisation. The employer may also require a letter, or other appropriate documentation, from the hospital or the child's GP confirming that the child has been discharged from the hospital in order to allow the employee to commence their postponed leave.

Maternity leave and Benefit can be postponed in the event of the hospitalisation of the child or in the event of serious illness of the parent who is pregnant or on maternity leave, but not in both events.

#### Travel outside of the State

As per the Department of Social Protection rules if the employee is an EU/EEA/Swiss citizen (or a non-EU citizen who is married or co-habiting with an EU citizen), they are entitled to Maternity Benefit for any period of maternity leave spent in another EU/EEA country or in Switzerland. If the employee travels outside the EU/EEA/Switzerland, they are entitled to receive Maternity Benefit for a maximum of 6 weeks but the applicant must inform the Maternity Benefit section of DSP of their intention to travel.

If the employee is not an EU/EEA/Swiss citizen they are entitled to Maternity Benefit for any period of maternity leave spent in Republic of Ireland. If the claimant travels outside the Republic of Ireland, they are entitled to receive Maternity Benefit for a maximum of 6 weeks, but the applicant must inform the Maternity Benefit section of DSP of their intention to travel.

#### **Ante-Natal and Post-Natal Medical Care**

An employee is entitled to time off work without loss of pay to attend ante-natal and post-natal **medical** visits. Time off includes the time required to travel to and from the appointment. The employee must notify her employer in writing of the date and time of the appointment as soon as is practicable and in any event **not later than two weeks** before the date of the appointment.

### **Time off for Ante-Natal Classes**

A pregnant employee is entitled to time off work without loss of pay to attend one set of ante-natal classes (except for the last 3 classes). This right to attend only one set of antenatal classes covers all an employee's pregnancies while in employment.

The employee must notify her or his employer in writing of the dates and times of these classes as soon as is practicable and in any event **not later than two weeks** before the first class. The employee is required to provide the appropriate documentation outlining the dates and time of classes.

#### **Return to Work**

The employee's right to return to work is conditional on her giving notice in writing **not later than 4 weeks** before the expected return date of her intention to return to work and the expected date of return.