



Notice of Maternity Leave – Form ML1

This form must be completed and returned to Payroll via payrollusers@midcounties.coop and HR via familyleave@midcounties.coop at the end of the 15th week before the expected week of childbirth (“EWC”). Failure to provide the appropriate notice may result in the loss of statutory payments.

Name:			
Address:		Colleague Number:	
		Telephone No:	
Group and Place of Work:			
Member of a Midcounties Pension scheme?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Member of the Stakeholder Pension Fund? Yes <input type="checkbox"/> No <input type="checkbox"/>

I am writing to inform you of my impending absence from work due to pregnancy and to provide the following information as required.

1. My absence will commence on:

2. My anticipated date of childbirth is:

3. A copy of my maternity certificate of expected confinement (MATB1) is enclosed.
Yes No

Signature:

Date:

Policy name:	ML1 - Notice of Maternity Leave	Date of last review:	July 2022
Policy owner:	HR	Issue number:	HR - NP - 002