

# GCVS Maternity Leave Form

If you need help completing this form call 0141 332 2444 and select option 2.



Glasgow Council  
for the  
Voluntary  
Sector

## EMPLOYER INFORMATION

GCVS Project No:		Employer Name:	
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## EMPLOYEE INFORMATION

Employee Name:		GCVS Employee No:	
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Maternity Leave Start Date:	
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The employee will receive a MATB1 form at her 20 week scan. Please attach a copy of this with this form.

## MATERNITY PAY INFORMATION

Do you have a maternity pay policy which entitles the employee to more than Statutory Maternity Pay?

YES  NO

If yes, please give details of the enhanced maternity pay below (i.e full pay for 6 weeks, half pay for 8 weeks)

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Alternatively you can attach your Maternity Pay Policy with this form when returning to GCVS.

If the employee is being paid Statutory Maternity Pay only they will be paid the first 6 weeks at 90% of their salary and 33 weeks at the weekly rate for SMP which is £156.66 for tax year 2022/23  
OR 90% of their salary for the remaining 33 weeks, whichever is lower.

## PENSION INFORMATION

What the employees pension should be when they are on Maternity Leave will depend on the scheme they are currently enrolled in. Please check with your pension company and tick one of the following; (please note if none of the options below are ticked GCVS will apply Option 1 to the employees pension).

- Opt 1 - employer pension will remain at the amount it was before the employee went on Maternity Leave.  
 Opt 2 - Current employer percentage will remain as is which means as earnings are less, pension will be less.

Any other relevant information:

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I confirm that the above information is true and accurate:

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

This form must be signed by both the employee and employer in order to be actioned by GCVS.

## For Office Use Only

Actioned By:		Date:	
Period:		Checked By:	

