

## TEACHERS' OCCUPATIONAL MATERNITY SCHEME TNC 2003/01 NOTIFICATION OF MATERNITY ABSENCE

- Notes:
1. *This form should be completed by ALL women teachers absent owing to maternity whether or not they are entitled to payment or are resigning. (For further information please refer to the circular on maternity leave – TNC/2003 01. This is available from your school, employing authority or the DE Website: <http://www.deni.gov.uk/teachers>).*
  2. *The teacher must complete Part A and forward the form together with Form MB1 or other medical evidence showing the expected date of confinement to her Principal, 15 weeks before the expected week of confinement (unless not reasonably practicable), before her absence is due to begin.*
  3. *On receipt the Principal should immediately complete Part B and forward the form to the Chair of the Board of Governors for signature and then **onto the Department within a week of receipt.***

**Department of Education, Teachers Pay Branch, Waterside House,  
75 Duke Street, Londonderry, BT47 6FP**

4. *Any teacher proposing to return to work before the end of 26 weeks ordinary maternity leave must submit a fit to resume certificate from her General Practitioner before commencement of duties.*

### PART A

To: \_\_\_\_\_ (Principal)

1. My expected date of confinement is:  
(Form MB1 or other medical evidence enclosed) \_\_\_\_\_
2. I wish to be absent from my teaching duties from: \_\_\_\_\_
3. \*a. I intend to return to my teaching duties after the confinement on \_\_\_\_\_ or  
(Please read the note below 3b)
- \*b. I do not intend to return to work after the confinement and my  
resignation date will be: \_\_\_\_\_

Please note you are not obliged to specify a return date however if this date is not known or omitted, it will be assumed that you intend to take your full leave entitlement. (For information on your leave entitlement, refer to circular: TNC2003/01 Sections 5.0-5.3 or contact your employment authority). Any change to this date must be notified through your Principal to the Department within at least 28 days of your intended return date.

4. I wish to be paid while absent under:

- \*a. Teachers' Occupational maternity Leave Scheme TNC 2003/01 or
- \*b. Social Security Contributions and Benefits (Northern Ireland) Act 1992

**PTO**

5. **APPLICABLE ONLY TO THOSE TEACHERS CLAIMING UNDER 3.a. ABOVE**

I am aware that payment of my salary under the Teachers' Occupational Maternity Scheme is subject to the condition that I shall return to my teaching duties and serve for a continuous period of 13 weeks (or part-time equivalent) and in the event of my not fulfilling this requirement, I undertake to repay in accordance with Paragraph 9.3 of the Scheme.

Signed: \_\_\_\_\_ TR No: \_\_\_\_\_

School/Institution: \_\_\_\_\_ Date: \_\_\_\_\_

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**PART B**

To: **DEPARTMENT OF EDUCATION**

The above-named teacher has complied with:

- \*a. Teachers' Occupational Maternity Leave Scheme TNC 2003/01.
  - \*b. Part XII Section 160 of Social Security Contributions and Benefits (Northern Ireland) Act 1992 (C.7)
- Form MB1 or other medical evidence is enclosed.

Signed: \_\_\_\_\_ Date received: \_\_\_\_\_  
*(Principal)* *(See note below)*

**Please note this form and the MATB1 must be forwarded to the Department of Education (at the address instated at Note 2), within one week of receiving it from the teacher.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Chair of Board of Governors)*



*\*delete as appropriate*