

## Appendix 1

### Application for Maternity Leave

**Date of request:** \_\_\_\_\_

*(applications should be made in conformity with the provisions of the PSMC Manual on Work-Life Balance Measures and Directive 8)*

#### **SECTION 1: APPLICANT'S DETAILS**

Surname \_\_\_\_\_

Name \_\_\_\_\_

Ministry/ \_\_\_\_\_

Department/ \_\_\_\_\_

Entity

Directorate

Grade/Position \_\_\_\_\_

ID Card No. \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Office Tel. \_\_\_\_\_

#### **SECTION 2: MATERNITY LEAVE APPROVED BY DIRECTORS** *(tick and fill in as appropriate)*

**Maternity Leave:** fourteen (14) weeks  additional four (4) weeks

**Expected date of confinement:** \_\_\_\_\_

**Period of Maternity Leave being requested:** From \_\_\_\_\_ To \_\_\_\_\_

**Document(s) supporting request enclosed with application:** Yes  No

**I intend to resume duties on :** \_\_\_\_\_

*An employee who has been granted paid Maternity Leave is required to work for an uninterrupted period of six (6) months for each period of maternity leave*

**I, the undersigned, declare that the information and documentation submitted in this application is correct.**

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**For Official Use: Acknowledged and approved by:**

**Signature of Director/Head of Dept** \_\_\_\_\_ **Date** \_\_\_\_\_

*Directors should take disciplinary action when officers fail to resume duty at the expiration of Maternity Leave.*

*The information supplied in this application form shall be used exclusively by the employing Ministry and the People & Standards Division for record keeping and verification purposes. Personal information provided on this application form is protected, and used in accordance with the provisions of the Data Protection Act.*

\_\_\_\_\_  
Signature of Head of School

\_\_\_\_\_  
Signature of College Principal