

# Worcester City Council

## MATERNITY / ADOPTION SUPPORT LEAVE AND PAY POLICY AND PROCEDURE

	Maternity / Adoption Support Leave and Pay Policy and Procedure
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# Maternity and Adoption Support Leave and Pay

## 1. Introduction

The Council recognises that the birth or adoption of a child is one of the most important events in the lives of our employees and is committed to helping them balance their family and work commitments. This policy and procedure provides employees with information about their entitlements to leave and pay for the birth or adoption of a baby or child.

## 2. Do I qualify for Maternity / Adoption Support Leave?

Yes, if you are a Council employee, there is no length of service requirement.

- Maternity / Adoption Support Leave is paid leave, to enable you to be the "primary supporter" of a new mother or a new adoptive parent.
- You have or will expect to have responsibility for the child's upbringing. You could be the father, mother's husband, the partner (including same sex relationships), grandparent etc.
- A new mother or adoptive parent can only nominate one person to be their primary provider of support.

## 3. What am I entitled to?

You are entitled to one week's leave at full pay, to be taken at or about the time of the birth or placement for adoption.

## 4. How do I give notice to take Maternity / Adoption Support Leave?

- You must complete an application form (Appendix 1). This must be signed and completed both by you and the prospective mother/adoptive parent.
- You must forward a copy of the relevant document with the application form, as follows:  
Maternity = MATB1 Certificate signed by a GP or midwife.  
Adoption = Adoption Matching Certificate.
- You should complete the application form as early as possible to keep your manager informed of your intentions. However, if you are unable to complete the exact dates of leave requested when making the application, please put approximate dates and note this on the form.
- Once the application has been approved it should be forwarded to People Services who will write to you to confirm approval.

## 5. Can I request Maternity / Adoption support Leave as well as Paternity Leave and/or Shared Parental Leave?

You would firstly need to qualify for Paternity and Shared Parental Leave – please refer to these procedures.

Paternity Leave You are unable to take both Maternity / Adoption Support Leave and 2 weeks Paternity Leave, but you can take 2 weeks off in total, the first or second week as Maternity / Adoption Support Leave.

Shared Parental Leave You may first choose to exhaust any Paternity Leave or Maternity / Adoption Support Leave entitlements (as you cannot take these once you have taken any Shared Parental Leave).

## **6. What if I am unhappy with a decision on Maternity / Adoption Support leave ?**

If you are dissatisfied with any decision made in respect of Maternity/Adoption support Leave, you should firstly highlight it to your manager, or speak to People Services. You are also able to raise your concern via the Council's formal grievance procedure, which is found on Staff Room.

## **7. Our other Family Friendly Policies.**

- Parental Leave
- Flexible Working
- Paternity Leave and Pay
- Adoption Leave and Pay
- Maternity Leave and Pay
- Shared Parental Leave and Pay
- Parental Bereavement Leave

**8. APPENDIX 1**

**APPLICATION FOR MATERNITY/ADOPTION SUPPORT LEAVE**

Employee Name	
Post Title	
Service Area	
Payroll Number	
Line Manager Name	
Relationship to Mother / Adopter	

**Declaration**

I hereby declare that I have been nominated by the mother/adopter\* named below as her/his\* primary provider of support and apply for one week for maternity/adoption\* support leave at or around the time of birth/adoption\*.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Anticipated Dates of Leave	From:	To:
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**Mother's/Adopter's\* Details and Authority**

Name	
Address	
Expected Date of Childbirth / Adoption Matching Date:	

Maternity: Please forward a copy of the MATB1 Certificate. Adoption: Please forward a copy of the Adoption Matching Certificate.

**Declaration**

I hereby declare that the above named will be my primary provider of support at or around the time of childbirth/adoption\*.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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**Application approved**

Manager Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Form and Certificate to be forwarded to People Services. \* delete as appropriate