## Maternity Application Form

**Line Manager Print Name** 



Full Name	:	
Location	:	
Department	:	
Payroll Number	:	
Maternity Leave Start Date	:	
Maternity Leave End Date	:	
Have you agreed annu Leave, if yes please de		either before or after your Maternity
for maternity pay. If yo If you do not qualify th	ou are eligible, Park Holidays UK w	we will be able to tell you if you are eligible will be responsible for issuing your payments orms and confirmation needed, to apply via nding.
Statutory Maternity Pay	(SMP) is paid for up to 39 weeks. Ye	ou get:
• 90% of your average	e weekly earnings (before tax) for	the first 6 weeks
• £172.48 or 90% of yo	our average weekly earnings (whi	chever is lower) for the next 33 weeks
• You are entitled to	52 weeks of leave in total, the last	13 weeks are unpaid
I have read and	understood the above	
I have attached a copy of my MATB1 Certificate		
I agree to send this application to: Peopleservices@parkholidays.com		
I have agreed m	ny Start & End dates with my Line	Manager
Employee Signature	:	Date :
Line Manager Signature	:	Date :