**Application for Premature and Hospitalised Babies Pay and Leave**

|  |
| --- |
| **Full Name :** |
| **Employee number :** |
| **Home address :** |
| **Email Address:** |
| **Contact telephone number :** |

## Which scheme applies to you?

Please indicate the scheme which applies to you (eligibility is explained within our [guidance](http://www.york.ac.uk/admin/hr/maternity/)):

|  |  |  |
| --- | --- | --- |
| **1** | **Premature Baby Leave and Pay?** My baby was born before 37 weeks |  |
| **2** | **Full term hospitalised baby leave and pay** My baby was hospitalised immediately following full term birth due to illness  |  |

## Key information required with application

|  |  |
| --- | --- |
| 1. Expected date of confinement/MAT B1 certificate (if not already received) |  |
| 2. Birth Certificate of baby (premature birth) |  |
| 3. Dates of hospitalisation:**from: to :** |
| 4. Preferred method of payment (monthly/lump sum) **Please Note** if you opt to receive a lump sum payment for a period of premature baby leave or hospitalised baby leave and chose to return to work before the end of your period of premature baby leave or hospitalised baby leave, any remaining weeks will need to be repaid. Normal salary will resume from the date of your return to work. |

## Declaration and signature

|  |
| --- |
| I declare that the information provided above is correct.  |
| Signed: Dated: |