Name

Address line 1

Address line 2

County

Post Code

**(Insert Date)**

Dear **[name of employee]**,

Thank you for telling me about your pregnancy and the date that your baby is due.

I am writing to let you know the details of your maternity leave and pay.

As we have discussed, you are eligible for 52 weeks’ maternity leave (26 weeks’ ordinary maternity leave plus 26 weeks’ additional maternity leave). You have chosen a start date for your maternity leave of **[insert date]**. As such your maternity leave will end on **[insert date]**.

If you want to change the date your maternity leave starts you must, if at all possible, tell me at least 28 days before your proposed new start date or 28 days before your original start date, whichever is sooner.

If you decide to return to work before **[insert date leave ends]**, you must give me at least eight weeks’ notice. You must take a minimum of two weeks compulsory maternity leave.

As we discussed, you **are/ are not** eligible for 39 weeks’ Statutory Maternity Pay.

|  |
| --- |
| Your maternity pay will be **£ [insert amount]** from **[insert date]** to **[insert date]** and **£ [insert amount]** from **[insert date]** to **[insert date].** |

**or**

|  |
| --- |
| The form SMP1 (enclosed) explains why you do not qualify for Statutory Maternity Pay. You may however be entitled to Maternity Allowance. If you take this form to the Jobcentre Plus or Social Security Office at **[insert local details]** they will be able to tell you more. |

As your employer I want to make sure that I take the appropriate steps to adequately protect your health and safety as a pregnant mother while you are working for me so that you are not exposed to unnecessary risk. I have already carried out a risk assessment to identify hazards in my workplace that could pose a risk to any new, expectant, or breastfeeding mothers. Now you have told me you are pregnant I will arrange for a specific risk assessment of your job and we will discuss what actions to take if any problems are identified. I will make any reasonable adjustments necessary. If you have any further concerns, following this risk assessment and specifically in relation to your pregnancy, please let me know immediately. You should let me know if you have any specific medical conditions which I should consider when completing the risk assessment.

During your maternity leave we are both able to make reasonable contact with each other to help with staying in touch. We are also able to agree that you can do up to ten days’ work during your maternity leave without it affecting either your maternity leave or your SMP. Before you begin your maternity leave we should discuss how we will keep in touch and how often during your time off.

If you decide not to return to work you must still give me proper notice in line with the terms of your employment contract. Your decision will not affect your entitlement to SMP.

If you have any questions about any aspect of your maternity entitlement or other maternity rights please let me know.

Yours sincerely,