

Application for maternity leave credits

To be completed by your employer when you return to work.

Employer, please note: Additional unpaid maternity leave **must start immediately after** paid Maternity Benefit, that is after Maternity Benefit paid by the department, and is for maximum period of **16 weeks**.

PPS Number:

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Name:

Address:

Telephone No:

We certify that the above employee has taken unpaid maternity leave as follows, do not include the date your employee was getting Maternity Benefit:

From:

To:

Total number of weeks of unpaid maternity leave taken:

Signed by or for employer

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Signature **not** block letters.

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Position in company or organisation

Date:

Employer's official stamp

Employer's registered No:

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Telephone No:

Send the completed form to:

Maternity Benefit Section, Department of Social Protection,
McCarter's Road, Buncrana, Co. Donegal, F93 CH79.

Data Protection Statement

The Department of Social Protection administers Ireland's social protection system. Customers are required to provide personal data to determine eligibility for relevant payments and benefits. Personal data may be exchanged with other government departments and agencies where provided for by law. Our data protection policy is available at www.gov.ie/dsp/privacystatement or in hard copy.