

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 No.:	<input type="text"/>
Name:	<input type="text"/>
Address:	<input type="text"/>
Telephone No.:	<input type="text"/>

I/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	
<input type="text"/>	Employer's official stamp
Signature (not block letters)	
<input type="text"/>	
Position in company or organisation	
Date:	<input type="text"/>
Employer's registered No.:	<input type="text"/>
Telephone No.:	<input type="text"/>

Send the completed form to:
Maternity Benefit Section, Department of Employment Affairs and Social Protection, Mc Carter's Road, Buncrana, Co. Donegal.

Data Protection Statement

The Department of Employment Affairs and Social Protection administers Ireland's social protection system. Customers are required to provide personal data to determine eligibility for relevant payments/benefits. Personal data may be exchanged with other Government Departments/Agencies where provided for by law. Our data protection policy is available at www.welfare.ie/dataprotection or in hard copy.