Application for maternity leave credits

To be completed by your employer when you return to work. To qualify for credits, additional unpaid maternity leave must start immediately after paid Maternity Benefit.

PPS No.:										
Name:										
Address:										
Telephone No.:										
1515011511511511										
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:	Го:							
Total number of weeks of unpaid maternity leave taken:										
Signed by or for employer										
				Employer's official stamp						
Signature (not block letters)						Sta	IIIÞ			
Position in company or organisatio	n									
Date:										
										
Employer's registered No.:										
Telephone No.:										

Send the completed form to:

Maternity Benefit Section, Department of Social Protection, Mc Carter's Road, Ardarvan, Buncrana, Co. Donegal.