



MOP(S) ACT EMPLOYEE'S

MATERNITY LEAVE APPLICATION

Note: Use Form 30 for Long Service Leave requests. All other leave requests should be processed through PEMS.

Return your completed form: Email to: MOPSPay&Conditions@finance.gov.au Ministerial and Parliamentary Services	Enquiries: Ministerial and Parliamentary Services Email: mpshelp@finance.gov.au Phone: (02) 6215 3333
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EMPLOYEE DETAILS	▶ Full name
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EMPLOYER DETAILS	▶ Employer name
	▶ Employer state

LEAVE DETAILS	▶ Period of leave	From	Time	Date
		To	Time	Date
	▶ Type of leave	Full pay	Half pay	

Note: Please attach medical certificate stating expected date of birth.

Note: If you would like to take Annual Leave alongside your maternity leave, please refer to the [Annual Leave information](#) on the MaPS Website.

SIGNATURE	▶ By signing this form, I acknowledge that:		
	<ul style="list-style-type: none"> • I understand that knowingly giving false or misleading information is a serious offence under the <i>Criminal Code Act 1995</i>. • I have read and understood the Privacy Collection Notice (see below). 		
	<table border="0" style="width: 100%;"> <tr> <td style="width: 70%;">Signature of Employee</td> <td style="width: 30%; text-align: right;">Date</td> </tr> </table>	Signature of Employee	Date
Signature of Employee	Date		
	▶ Leave approved		
	<table border="0" style="width: 100%;"> <tr> <td style="width: 70%;">Signature of Employer or Authorised Person</td> <td style="width: 30%; text-align: right;">Date</td> </tr> </table>	Signature of Employer or Authorised Person	Date
Signature of Employer or Authorised Person	Date		
	Name (if authorised person)		

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OFFICE USE ONLY	PEMS pay	Initials & date entered	/ /	Initials & date checked	/ /
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