



Miriam College

## MATERNITY LEAVE FORM (MLF)

Employee Name: \_\_\_\_\_

Employee No.: \_\_\_\_\_

SSS No.: \_\_\_\_\_

Position: \_\_\_\_\_

Employment Type: \_\_\_\_\_

Date Hired: \_\_\_\_\_

Office: \_\_\_\_\_

Unit: \_\_\_\_\_

1. Expected Date of Delivery:

Maternity Leave Applied for:

From \_\_\_\_\_ To \_\_\_\_\_

Number of Days: \_\_\_\_\_

2. \_\_\_\_\_  
Employee's Signature

3. Endorsements:

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Unit Head

4. HRD:

Date Received \_\_\_\_\_

Signature \_\_\_\_\_

Instructions:

1. An employee expecting to go on maternity leave must submit four copies of this form, duly endorsed by Supervisor, Unit Head and HR Director accompanied by a Medical Certificate of expected delivery date to the HR Office not later than two weeks before the start of maternity leave.
2. Upon actual delivery, the employee must submit a Medical Certificate of actual delivery date. This certification will be used as the basis for accomplishing the SSS Maternity Benefit Reimbursement Form. Miriam College will only give the maternity benefit upon submission of the Medical Certificate/ Hospital Abstract of actual delivery date.
3. The payroll office will take care of distributing the duly accomplished MLF to the Supervisor, Unit Head and HR Director.

### FOR PAYROLL ONLY

A. MLF and Medical Certificate of expected delivery date.

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

B. Actual Delivery Date:

\_\_\_\_\_

C. Maternity benefits

i. from SSS \_\_\_\_\_

Check # \_\_\_\_\_ Date \_\_\_\_\_

ii. Maternity differential from MC

Payroll Period \_\_\_\_\_