

## Application for Maternity Leave Credits

Only complete after you have returned to work

Name:

Address:

Telephone No.

Code:

Local No:

### TO BE COMPLETED BY YOUR EMPLOYER ON RETURN TO WORK

PPS No:

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(same as RSI/  
Tax No.)

I/We certify that the above named employee has taken unpaid Maternity Leave as follows:

From:

To:

Total no. of weeks (unpaid Maternity Leave) taken:

Signed by or on behalf of Employer:

Name: (not block letters)

Position in Company/Organisation:

Employer's Registered No:

Telephone No.

Code:

Local No:

Employer's Official Stamp:

Date:

Completed forms should be forwarded to:

### Department of Social and Family Affairs

Maternity Benefit Section, Social Welfare Services Office,  
St. Oliver Plunkett Road, Letterkenny, Co. Donegal.