

Dental Finance Office  
Business Services Organisation  
2 Franklin Street  
Belfast  
BT2 8DQ

MAT/SICK OP4  
(revised Feb 2019)

**MATERNITY LEAVE / LONG-TERM SICKNESS**

Surname :- \_\_\_\_\_

Forename(s) :- \_\_\_\_\_

DS Number(s) :- 

--	--	--

--	--	--

--	--	--

Address :- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We understand that you will shortly commence (or have recently commenced) a period of Maternity Leave / Long-term Sickness.

To ensure that your superannuable remuneration is kept in line with the superannuable remuneration prior to your absence please indicate below the dates on which you commenced and ceased your maternity/long-term sickness leave.

	Date Commenced	Date Ended
<b>Maternity Leave</b>		
<b>Long-term Sickness</b>		

Signature :- \_\_\_\_\_

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

**PLEASE FORWARD THIS FORM TO THE BUSINESS SERVICES  
ORGANISATION'S DENTAL FINANCE OFFICE AT THE ABOVE ADDRESS  
ON YOUR RETURN TO WORK**