

SFI Request for Maternity/Adoptive Allowance

This form covers requests for a supplementary allowance to SFI award holders requesting the following social benefits for either themselves or SFI-funded employees (excluding postgraduate students) on their award:

1. Maternity leave
2. Adoptive leave

Please refer to the SFI Maternity/Adoptive Policy before completing this form, so that you fully understand your entitlements.

SFI will award a supplemental grant to the Host Institution upon timely receipt of the SFI Request for Maternity/Adoptive Allowance form and any relevant supporting documentation. Payment to the Host Institution will be released at the end of the leave period, on receipt of a written confirmation from the Host Institution that the claimant has taken a period of maternity or adoptive leave, for the cost of providing additional funding, as described in Clause 1.2 of the SFI Maternity/Adoptive Policy.

1. **Grant information**

|  |  |
| --- | --- |
| Grant reference |  |
| Start Date |  |
| Project Title |  |
| Principal Investigator |  |
| Host Institution |  |

1. **Social benefit Entitlement**

Social benefit being claimed (please tick relevant box):

* Maternity Leave
* Adoptive leave

Dates of statutory leave: Start\_\_\_\_\_\_\_\_\_\_\_\_\_End\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of additional leave; Start\_\_\_\_\_\_\_\_\_\_\_\_\_End\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of return to work

Please complete only one section from either Section 3, 4 or 5 below

1. **Claim for additional salary funding**

*This section should be completed if you satisfy the PRSI contribution conditions for maternity and adoptive leave.*

Additional funding being sought from SFI:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | A | B | C | D |
|  | Weekly \*gross salary (as per contract) [€] | Weekly social welfare benefit [€] | \*\*No of weeks entitlement | Additional funding sought from SFI ([(A-B)XC][€] |
| Maternity Leave |  |  |  |  |
| Adoptive Leave |  |  |  |  |

\*Gross salary refers to the salary before any deductions, taxes, PRSI and pension contribution. **Note:** the gross salary is **exclusive** of Employer PRSI and Employer Pension. SFI Finance will account for both Employer PRSI and Employer Pension when processing an application for an SFI Maternity & Adoptive allowance.

\*\* For employees with less than 26 weeks (in case of maternity leave) or 24 weeks (in case of adoptive leave) left in their contract (associated with SFI funding), their entitlement to maternity leave only extends to the end date of their award as originally agreed with SFI in the letter of offer, inclusive of any approved no-cost extension.

1. **Additional funding claim for salaried staff members without PRSI eligibility**

*This section should ONLY be completed by salaried personnel if you do not satisfy the PRSI contribution conditions for maternity and adoptive leave.*

Additional funding being sought from SFI

|  |  |  |  |
| --- | --- | --- | --- |
|  | A | B | C |
|  | Weekly \*gross salary (as per contract) [€] | \*\*No of weeks entitlement | Additional funding sought from SFI (AxB) [€] |
| Maternity Leave |  |  |  |
| Adoptive leave |  |  |  |

\*Gross salary refers to the salary before any deductions, taxes, PRSI and pension contribution. **Note:** the gross salary is **exclusive** of Employer PRSI and Employer Pension. SFI Finance will account for both Employer PRSI and Employer Pension when processing an application for an SFI Maternity & Adoptive allowance.

\*\* For employees with less than 26 weeks (in case of maternity leave) or 24 weeks (in case of adoptive leave) left in their contract (associated with SFI funding), their entitlement to maternity Leave only extends to the end date of their research as originally agreed with SFI in the letter of offer, inclusive of any approved no-cost extension.

Required documentation to accompany this claim

For salaried personnel, proof that you are NOT eligible to claim PRSI contribution for maternity and adoptive leave should be included (this should take the form of a letter from your Host Institution, confirming your ineligibility, duly signed and stamped by and authorised Finance offices and on official headed paper.

1. **Additional funding claim for SFI award holders whose salary is paid by the host institution**

*This section should ONLY be completed by SFI award holders whose salary is paid by the host institution (e.g. academic staff on a permanent or temporary contract) – see Sections 1.3 and 2.3 of the SFI Maternity & Adoptive Allowance policy (available on the SFI website).*

Additional funding being sought from SFI

|  |  |  |  |
| --- | --- | --- | --- |
|  | A | B | C |
|  | Monthly \*gross salary [€] | \*No of months requested | Additional funding sought from SFI (AxB) [€] |
| Maternity Leave |  |  |  |
| Adoptive leave |  |  |  |

\*Please refer to Section 1.3 of the SFI Maternity & Adoptive Allowance policy for the monthly gross salary amount to be claimed in this instance and the maximum number of months permissible.

Gross salary refers to the salary before any deductions, taxes, PRSI and pension contribution. **Note:** the gross salary is **exclusive** of Employer PRSI and Employer Pension. SFI Finance will account for both Employer PRSI and Employer Pension when processing an application for an SFI Maternity & Adoptive allowance.

1. **Request for extension to award**

Please complete this section if you wish to request an extension to an active grant beyond the End Date specified in the Letter of Offer. Please note that clauses 18.1 and 18.2 in the SFI Terms and Conditions of Research grants, which state that you can only seek a no cost extension within a specified timeframe before your grant end date, do not apply in these instances.

|  |  |
| --- | --- |
| Current end date |  |
| Requested end date |  |

Financial statement (current):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Budget heading (direct costs) | Total Award (as detailed in contract) (€) | Total Actual Expenditure (€) | Variance (€) | Variance (%) |
| Salary |  |  |  |  |
| Materials |  |  |  |  |
| Equipment |  |  |  |  |
| Travel |  |  |  |  |
| Other |  |  |  |  |
| TOTAL |  |  |  |  |

Spending plan during the period of extension

Signature Page (Must be completed)

**PI or SFI-funded staff member for whom claim is being made:**

Name (including title):

Original signature:

Date:

**Principal Investigator:**

Name (including title):

Original signature:

Date:

**Institutional Signatory Authority**

Name of financial Officer or Equivalent Institutional Stamp/Date

Position held:

Original signature:

Date:

Please send the signed and scanned version of this form to maternity@sfi.ie

The original copy of the form should be kept by the claiming researcher/PI.