

Employer's Statement Form for Maternity Benefit

The **employer's statement form sample for maternity benefit** is a crucial document used to verify an employee's eligibility for maternity leave benefits. This form typically includes details about the employee's tenure, salary, and employment status. Proper completion ensures timely processing of maternity benefit claims.

Employee Details

Full Name:	<input type="text"/>
Employee ID/No.:	<input type="text"/>
Department/Section:	<input type="text"/>
Designation/Position:	<input type="text"/>

Employment Information

Date of Joining:	<input type="text"/>
Employment Status:	<input type="text" value="(e.g., Permanent, Contract)"/>
Monthly Salary:	<input type="text"/>
Last Working Day (before leave):	<input type="text"/>

Maternity Leave Details

Leave Start Date:	<input type="text"/>
Leave End Date:	<input type="text"/>
Total Leave Days:	<input type="text"/>

Employer's Declaration

I hereby certify that the above information is true and correct to the best of my knowledge and that the employee fulfils the eligibility criteria for maternity benefit as per company policy and applicable laws.

Employer Name:	<input type="text"/>
Designation:	<input type="text"/>
Company Name:	<input type="text"/>
Signature:	<input type="text"/>
Date:	<input type="text"/>