**NOTIFICATION OF EARLY RETURN TO WORK FORM**

**You only need to complete this form if you are returning to work early from your maternity leave (i.e. before the end of the 52 week period). If this applies to you, this form should be completed and given to your Line Manager at least 8 weeks before the date on which you intend to return.**

**If you do not complete and submit this form within the required timescale, you may not be entitled to return to work early.**

1. **PERSONAL DETAILS**

|  |  |
| --- | --- |
| **NAME (in full):** |  |
| **PAYROLL NUMBER:** |  |
| **HOME ADDRESS:** |  |
| **DIRECTORATE:** |  |
| **LOCATION:** |  |
| **JOB TITLE:** |  |
| **LINE MANAGER:** |  |
| **DATE MATERNITY LEAVE STARTED:** |  |
| **DATE BABY WAS BORN\*:** |  |

**\*** You must take at least 2 weeks of compulsory maternity leave after your baby is born.

1. **NOTIFICATION OF THE DATE ON WHICH YOU WISH TO RETURN TO WORK EARLY**

I intend to return to work early on (**date**): ….................................................................

I declare that, in my opinion, I am medically fit to return to work early.

Signed:.......................................................................Date:….......................................

If you are unsure as to your medical fitness to work, you should ask the advice of your doctor before deciding to return to work early.

**Once completed and signed by the employee, this form should be sent to the HR Service Centre by the Line Manager.**