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**Maternity Leave Details**

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| Please complete this form and return to HR |
| |  |  |  |  | | --- | --- | --- | --- | | **Your Details** |  | | | | Surname: |  | | | | First name(s): |  | | | | Post Title: |  | | | | Organisational Unit: |  | | | | Contact Telephone Number : |  | | | | Employee Number (payroll number) |  | | | | **Dates for Maternity Leave** | |  | | | | Expected Date of Childbirth: | |  | | | | Do you intend to return to work after Maternity Leave? | | Yes / No / Undecided (**please circle**) | | | | Date intend to start Maternity Leave | |  | | | | Date intend to return to work | |  | | | |  | | |  | | | | Additional Documentation Required:  Form MATB1 (provided by Midwife/GP) attached / Already given to HR (**delete as appropriate**) | | | | | | Yes / No (please circle) | |  | | |  | | | | **Dates of Annual Leave** | | | **Date (S) :** | | | | *If you have any annual leave left, please give dates you would like to take remaining annual leave before start of maternity.* | | |  | | | | **Signature:** | | | **Date :** | | | |