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**Maternity Leave Details**

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| Please complete this form and return to HR |
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| **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 :**  |

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