



# MATERNITY/ADOPTION LEAVE RETURN TO WORK FORM

↓ Download and save this form before completing.

- This form is online and it is not intended that it is printed - it can be emailed and signed electronically (see guidance at the end of this form\*).
- Before completing this form, please read the [Family Leave Policy](#).
- Text boxes have a character limit - you can write more but it will not be visible if you choose to print it.

## PERSONAL DETAILS

<b>Surname:</b> (as stated on MATB1 form)	<b>Forenames:</b>	<b>Title:</b>
<b>Home Address:</b>		
<b>Contact telephone number:</b>		

## MATERNITY/ADOPTION LEAVE RETURN DETAILS

<b>Date of birth/adoption of child:</b>
<b>Last date of maternity/adoption leave:</b>
<b>Date of return to work (having taken any outstanding annual leave:</b>
N.B. You should give at least 8 weeks' notice of your intention to return to work, to allow your Department to make any necessary arrangements.

## ANNUAL LEAVE

Annual leave that has accrued during your maternity/adoption leave should be taken before you return from maternity/adoption leave. <a href="#">HR</a> can provide information regarding the calculation of annual leave during maternity leave.
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Employee Signature:

Date:

### RETURN OF FORM

ALL COMPLETED FORMS SHOULD BE EMAILED TO [HR](#) WITH A COPY TO YOUR LINE MANAGER.

\* To sign the form, click "fill and sign" and then "sign". Signatures can be done in three ways: typing your name, writing your signature using your mouse, uploading a JPEG image of your signature. Once signed, the form cannot be amended - this is to protect the form.

**Before you print: remember,** this form is not intended to be printed. If any text boxes contain more text than the character limit, this will not be visible when printed.