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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | **RETURN FROM MATERNITY LEAVE**  **To be used by a Manager to notify HR and Payroll of an employee’s return from maternity leave.** | | | | | | | | | | | | | | | | | | | | | | |
| **PART A** | | | **EMPLOYEE DETAILS** | | | | | | | | | | | | | | | | |  | | | | | | | | |
| **Name:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Employee Number:** | | | | | |  | | | | | | | | | | | | **FTE:** | | | |  | | | | | | |
| **Post Title:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Place of Work:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | |
| **PART B** | | | **KEY DATES & ACCRUED ANNUAL LEAVE** | | | | | | | | | | | | | | | |  | | | | | | | | | |
|  | | | | | | | **D** | | | | **D** | | **M** | | **M** | | **Y** | | **Y** | | | | | **Y** | | | **Y** |
| **Date of birth of child:** | | | | | | |  | | | |  | |  | |  | |  | |  | | | | |  | | |  |
| **Date of commencement on maternity leave:** | | | | | | |  | | | |  | |  | |  | |  | |  | | | | |  | | |  |
| **Date of return to work (for pay purposes):** | | | | | | |  | | | |  | |  | |  | |  | |  | | | | |  | | |  |
| **Date of actual return to work:**  (if different from above) | | | | | | |  | | | |  | |  | |  | |  | |  | | | | |  | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Number of days annual leave accrued during maternity leave for payment purposes:** | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | |  | | | | |
| **Number of days annual leave accrued during maternity leave based on FTE worked:** | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Number of days accrued annual leave to be paid :** | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Number of days accrued annual leave to be taken prior to returning to work:**  (based on FTE allocation) | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PART C** | | | **CHANGE TO CONTRACT** | | | | | | | | | | | | | | | |  | | | | | | | | |
| **Is there a contractual change associated with the employee’s return to work?** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Yes** | |  | | |  | | | **No** | | | | | | | |  | | | | |  | | | | | | |
|  |  | | |  | | | | |  | | |  | |  | | | | | | | | | | |  | | |
| If you have marked **Yes**, please indicate the type(s) of change below with an **X** and provide details only in the corresponding sections. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | |  | | | | |  | | |  |  | | | | | | | | | | | |  | | |
| **1.** | **Change in Working Hours** | | |  | | | | |  | | | **2.** | **Change in Working Weeks** | | | | | | | | | | | |  | | |
| **3.** | **Change of Post** | | |  | | | | |  | | | **4.** | **Other** | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **When is the change effective?** | | | | | | | **D** | | | **D** | | | **M** | | **M** | | **Y** | | **Y** | | | | **Y** | | | **Y** | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Is it a permanent change?** | | |  | **Yes** |  | | |  | | | | **No** | |  | |
|  | | | | | | | | | | | | | | | |
| If the change is temporary, please provide details of the anticipated end date. If it is a temporary change you will be issued with a temporary changes form a month before the expected date of return to normal in order for you to advise whether it is to continue. | | | | | | | | | | | | | | | |
| **End Date:** | | | | | **D** | | **D** | **M** | **M** | | **Y** | | **Y** | **Y** | **Y** |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  |  | | | **Current** | | | | |  | **New** | | | | | |
| **1.** | **Change in Working Hours** | | |  | | | | |  |  | | | | | |
| **2.** | **Change in Working Weeks** | | |  | | | | |  |  | | | | | |
|  | | | | | | | | | | | | | | | |
| **3.** | **Change of Post:** | **New Post Title:** | | | |  | | | | | | | | | |
|  |  | **New Post Number:** | | | |  | | | | | | | | | |
|  |  | **New Post Salary Band:** | | | |  | | | **Salary Point:** | | | |  | | |
|  |  | **Reason for Change:** | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **4.** | **Other** | | | | | | | | | | | | | | |
| Please provide details of change | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Authorised by: |  | | |  | | |
|  | | |  | | | |
| Head Teacher / Area BSM Print Name: | | |  | | | |
| Signature: | | |  | | | |
| Telephone Number: | | |  | | | |
|  | | |  | | |  |
| **FOR HR USE ONLY** | | | | | | |
| Logged by: | |  | | | Date Stamp | |
| Actioned by: | |  | | |
| Letter Prepared by: | |  | | |
| Checked by: | |  | | |