|  |  |
| --- | --- |
|  | **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** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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: |  |