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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | **NON-TEACHING RETURN FROM MATERNITY LEAVE**  **To be used by a manager to notify HR of an employee’s return from maternity leave.** | | | | | | | | | | | | | | | | | |
| **PART A** | | | **EMPLOYEE DETAILS** | | | | | | | | | | | | | | |  | | | | | |
| **Name:** | | | | | |  | | | | | | | | | | | | | | | | | |
| **Employee Number:** | | | | | |  | | | | | | | | | | | | | | | | | |
| **Post Title:** | | | | | |  | | | | | | | | | | | | | | | | | |
| **Place of Work:** | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | |  | | | | | | |
| **PART B** | | | **KEY DATES** | | | | | | | | | | | | | |  | | | | | | |
|  | | | | | | | **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) | | | | | | |  | | |  | |  | |  | |  |  | | |  | |  |
| |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **PART C** | | | **HALF PAY OPTION** | | | | | | |  | | | | **Did the employee defer the half pay scheme until they return to work?** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | **Yes** | |  | |  | **No** | | | |  | |  | | |  |  | | |  | |  |  |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **PART D** | | | **CHANGE TO CONTRACT** | | | | | | | | | | | | | |  | | | | | |
| **Is there a contractual change associated with the employee’s return to work?** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **Yes** | |  | | |  | | | **No** | | | | | | |  | | | |  | | | |
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| If there is a change associated with the return, please send the appropriate paperwork to reflect this.  i.e. If it is a change or hours, HR will require a contractual change form PLUS the Flexible Working Application. | | | | | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- |
| Authorised by: |  | |  | |
|  | |  | | |
| Manager Name: | |  | | |
| Signature: | |  | | |
| Date: | |  | | |
| Telephone Number: | |  | | |
|  | |  | |  |