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|  | | | | | | **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:** | | | | | |  | | | | | | | | | | | **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:** | | | | | | |  | | |  | |  | |  | |  | |  | | | | |  | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | |  | | | |
| **Number of days annual leave accrued during maternity leave based on FTE:** | | | | | | | | | | | | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Number of days accrued annual leave to be paid :** | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Number of days accrued annual leave to be taken prior to returning to work:** | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PART C** | | | **CHANGE TO CONTRACT** | | | | | | | | | | | | | | |  | | | | | | | |
| **Is there a contractual change associated with the employee’s return to work?** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Yes** | |  | | |  | | | **No** | | | | | | |  | | | | |  | | | | | |
|  |  | | |  | | | | |  | |  | |  | | | | | | | | | | |  | |

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.

|  |  |  |  |
| --- | --- | --- | --- |
| Authorised by: |  | |  |
| Head Teacher / Area BSM Print Name: | |  | |
| Signature: | |  | |
| Date; | |  | |
| Telephone Number: | |  | |