Maternity Leave – Return to Work Form

Please complete this form after you have gone on Maternity Leave, but no later than 8 weeks before the return date stated on your Maternity Entitlement letter. Ensure a copy of the approved form is sent to HR.

Refer to the Maternity Adoption and Paternity Policy on the Intranet or contact HR for further guidance.

Your details (Please complete all fields)

Name: Job title:

School/Department: Start date (of continuous employment):

Requesting to take Additional Maternity Leave

I request to take Additional Maternity Leave: Yes: ☐ (please tick 'Yes' if you wish to take **more** than 26 weeks (6 months) maternity leave)

No: ☐ (please tick 'No' if you wish to take 26 weeks (6 months) maternity leave or less)

Return to work details (Please select Option A or Option B to indicate whether or not you intend to return to work.)

Option A

I will return at the end of my Ordinary Maternity Leave (OML) (after 26 weeks): ☐

I will return at the end of my Additional Maternity Leave (AML) (after 52 weeks): ☐

I will return to work on a different date: ☐ Specify date:

Option B

I will not be returning to work following my Maternity Leave: ☐

The date my resignation is to be effective from is:

Note: If you intend to return before or after the originally stated date of return, you must give 8 weeks advance notice in writing.

Annual leave (Tick as appropriate)

I intend to take annual leave following my maternity leave: Yes: ☐ No: ☐

Number of days: Date from: Date to:

Comments (Add any comments as appropriate, and sign and date the form)

Comments:

I have completed this form to the best of my knowledge and fully understand the terms and conditions. Please refer to the Maternity, Adoption and Paternity Policy or contact your HR Representative should any of the above be unclear.

Employee's Signature:		Date:	

Authorisation

Approved: Yes: ☐ No: ☐ Comments:

Manager's/ Headteacher's Signature:		Name:		Date:	

Send the form to the HR Team at Hackney Learning Trust.