|  |
| --- |
|  **Maternity/Adoption/Additional Paternity Leave Return Form**  |

|  |
| --- |
|  This form is to be completed when returning to work following maternity, adoption or additional paternity leave. You must give your manager 8 weeks’ notice of your return date.  |
| **Managers, please be aware that any changes to contractual hours must be submitted as a contractual change via GreenLight.** **For access to the system please contact** **Employment@liverpool.nhs.uk**Should you have any queries regarding the completion of this form, please contact payroll via payrollluh@sthk.nhs.uk or 0151 290 4940.*\*Mandatory Field (if you do not complete all mandatory fields your request will not be processed and you will be asked to complete again)* **Please complete this form in CAPITALS and use BLACK INK only. Electronic Forms will be accepted from Tryst Email Addresses.** |

|  |
| --- |
|  **Employee Details\*** Trust\*  |
| Employee Assignment Number.\*  |
| Surname\*  |
| Forename(s)\*  |
| **Maternity/Adoption Leave Return Information**  |
| Return Date\* **This is the date your maternity/adoption/additional paternity leave ends, if you take annual leave before you return to work please state the first day of your annual leave as your return date** |
| **Date of Resumption from Maternity/Paternity Leave:**………./………./……… | **Employee Signature**………………………………………. Dated ………/…………/…………… |
| **Manager Signature** |
| Name……………………………………….. Appointment:……………………………………………Contact Number:…………………………….. Email Address:………………………………………….Signed………………………………………… Dated………../…………../…………. |