|  |
| --- |
| **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**](mailto:Employment@liverpool.nhs.uk)    Should you have any queries regarding the completion of this form, please contact payroll via [payrollluh@sthk.nhs.uk](mailto: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………../…………../…………. | |