

# Maternity Return to Work



THIS FORM SHOULD BE COMPLETED AND RETURNED TO [HRpayroll@blaenau-gwent.gov.uk](mailto:HRpayroll@blaenau-gwent.gov.uk)  
WITH AT LEAST 8 WEEKS NOTICE GIVEN OF THE INTENTION TO RETURN TO WORK

## SECTION 1 – PERSONAL DETAILS

Full Name:	<input type="text"/>		
Home Address:	<input type="text"/>		
Telephone Number:	Home: <input type="text"/>	Work: <input type="text"/>	
Designation:	<input type="text"/>		
Place Of Work:	<input type="text"/>		
Staff Number:	<input type="text"/>		
N.I. Number:	<input type="text"/>		

## SECTION 2 – DECLARATION

Please note that your Maternity Leave has to end on the same week day as it started e.g. Monday.

I confirm that I wish to return to work on the following date:

Signed:  Date:

## ORGANISATIONAL DEVELOPMENT ONLY

Date of Return: