

Request to return to work



THIS FORM SHOULD BE COMPLETED AND RETURNED TO 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:

Home Address:

Telephone Number: Home: Work:

Designation:

Place Of Work:

Staff Number:

N.I. Number:

SECTION 2 – DECLARATION

I confirm that I wish to return to work earlier than the end of my Adoption/Surrogacy Leave, on the date detailed

Signed: Date:

ORGANISATIONAL DEVELOPMENT DIVISION ONLY

Check details and date of commencement: D of R Entered in Register

Inform Resources Entered in Register

Letter to Employee (28 days) Filed Personal File

End Secondment/Temporary Cover