

Company Personnel Manual

Maternity Leave Form

This form is intended for those employees leaving for the reason of pregnancy.

Please complete and return this form to Jean Lamb as early as possible before your maternity leave commences, and in any case, at least 21 days before you stop work.

If it is not reasonably practicable to give 21 days notice, you must inform us as soon as it is reasonably practicable, whether before or after you stop work.

You must attach to it your MATBI Certificate, which will be provided by your doctor or midwife.

Name:

1. Please confirm that you are taking leave because of pregnancy

YES NO (Delete as appropriate)

2. Date of commencement of maternity leave will be:

.....

3. Your expected week of childbirth is:

.....

4. Do you wish to return to work up to 29 weeks after childbirth, as laid down in the Employment Protection Rights Act 1996?

YES NO (Delete as appropriate)

5. What date do you intend to return to work:

.....

Signature:

Date: