**MATERNITY LEAVE NOTIFICATION**

|  |
| --- |
| **Employee Details** |
| **First name**  |  |  |  |
| **Last name**  |  |  |  |
| **Title** |  |  |  |
| **Address** |  |
|  |
|  | **Postcode** |  |
| **Employee number**  |  |  |  |
| **Department**  |  |  |  |
| **Managers name** |  |  |  |
|  |  |  |  |
| **Maternity details** |
| I hereby give notice of my pregnancy, the details are as follows: |
| **Approximate due date** |  |
| **Expected date Ordinary Maternity Leave (OML) to start** |  |
| **Intention to take Additional Maternity Leave (AML)** |  |
| **Intended date of return** |  |
| **Employee signature** |  | **Date** |  |
| **I certify that the above details are correct** | Tick to agree |
| **Please keep a copy of this form on the employees personnel file** |
|  |
| **HR USE ONLY** |
| **Date notification received** |  |
| **Letter sent to employee** |  |
| **Signed** |  |