**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** | |  | | | | |