King's College Hospital
NHS Foundation Trust

NOTIFICATION OF RETURN FROM MATERNITY OR ADOPTION LEAVE

Please Note: This form is only compatible with Internet Explorer and Adobe Reader

This form should be completed by an employee who wishes to return from Maternity or Adoption Leave.

This form provides notice of your Return Date.

This form must be completed at least 8 weeks prior to the end of the leave period.

Please note this form must be completed in line with the trust's Maternity and Adoption Leave Policies available via the trust's intranet.

Should you have any queries regarding the completion of this form, please contact Payroll on 020 3299 9090.

*Mandatory Field; if you do not complete all mandatory fields your request will not be processed and you will be asked to complete again.

Following completion this form may be submitted by email to kch.payrollandexpenses@nhs.net

If completing this form by hand please complete in CAPITALS and use BLACK INK only.

1. EMPLOYEE DETAILS

Assignment No. * | - | Position Number*

Surname *

Forename(s) *

Job Title*

2. RETURN INFORMATION

This section is to confirm the date your leave period will end, if you are taking annual leave before you return to work, please state the first day of your annual leave.

Return to Work Date * (D D M M Y Y Y Y)

3. YOUR AUTHORISATION

I have read the Maternity / Adoption Leave Policy and accept the conditions outlined in it.

Authorised Signature | Date* (D D M M Y Y Y Y)

Contact No. *

Work Email Address *

4. MANAGER AUTHORISATION

I confirm the dates provided are correct and have been agreed.

Employee No*

Forename*

Surname*

Authorised Signature

not required if being submitted electronically from your NHS e mail account

Date*

D D M M Y Y Y Y

Contact No.*

Work Email Address *

Clear Form