

Intention To Return from Maternity Leave

Colleague Details:

Name of colleague:		
Colleague Number:		
Place of work:		
I am writing to confirm that, in accordance with my obligation to give my employer at least 8 weeks' notice of my intention to return earlier to work, my new expected date of return will be:		
I confirm that I have discussed and agreed this new return to work date with the appropriate members of my management team.		
Signed:	D	ate:

Please complete the form and attach it <u>Family Leave Service Now</u> when submitting your request.

If you are unable to access ServiceNow, please provide your completed form to your manager, for them to submit the case on your behalf.