



## Maternity Leave – Intention to Return Early ML3

### Colleague Details

Name:

Colleague No:

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:

---

Date:

---

Please return this form to [familyleave@midcounties.coop](mailto:familyleave@midcounties.coop) and the Payroll Team via [payrollusers@midcounties.coop](mailto:payrollusers@midcounties.coop), or post to The Midcounties Co-operative, Co-operative House, Warwick Technology Park, Gallows Hill, Warwick, CV34 6DA.

Policy name:	ML2 - Intention to Return Early	Date of last review:	July 2022
Policy owner:	HR	Issue number:	HR - NPO - 002