



**APPLICATION FORM NUMBER: HR-FM-08**

**FORM TYPE: Return to Work Form.**

**Notice to Employer of                      Intention to return to work from:**

**Maternity Leave**                     

**Unpaid Leave**                       

**Adoptive Leave**                     

**Career Break**                        

This form must be completed no later than four weeks before the employee intends to return to work

pName of Employee: \_\_\_\_\_

Address of Employee: \_\_\_\_\_

Commencement Date of Employment: \_\_\_\_\_

Department: \_\_\_\_\_

PPS Number: \_\_\_\_\_

Proposed Date of return to work: \_\_\_\_/\_\_\_\_/\_\_\_\_

I declare that the information given above is accurate and complete.

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Line Manager: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTIFICATION TO HUMAN RESOURCES**                     

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