

RETURN TO WORK MATERNITY LEAVE



A return to work form must be undertaken for all employees returning from maternity leave. A completed and signed copy of this form must be sent to absence@reachsouth.org

SECTION 1: EMPLOYEE DETAILS			
SURNAME:		FIRST NAME(S):	
PAYROLL NO:		TITLE:	
LOCATION/SCHOOL:		JOB TITLE:	

SECTION 3: RETURN TO WORK DETAILS				
DATE OF REVIEW:		DATE OF RETURN:		
Were the notification and contact requirements complied with?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Is a return to work risk assessment required?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

SECTION 4: SUMMARY OF DISCUSSION

SECTION 5: EMPLOYEE SIGNATURE (This is to confirm the above is correct)			
Signature:		Date:	

SECTION 6: HEADTEACHER SIGNATURE (This is to confirm the above is correct)			
Name:			
Signature:		Date:	