

Maternity Advisory Form



Name:		Payroll Number:	
Contact Number:			
Your role:			
Department / Shift Pattern:			
Line Manager:		Date Manager Informed:	

I intend to start my maternity leave on:	
My baby is due on:	
I provided my MAT B1 certificate on:	

ORDINARY MATERNITY LEAVE (OML)

My OML will commence on:	
My OML will cease on:	

ADDITIONAL MATERNITY LEAVE (AML)

My AML will commence on:	
My AML will cease on:	

DATES OF ANNUAL LEAVE (if applicable)

Dates of Annual Leave to be requested (if applicable):	
Holiday form completed:	
I will return to work on:	

Signed: (Colleague)		Date:	
Signed: (Line Manager)		Date:	
Signed: (HR)		Date:	

Making every day taste *better*