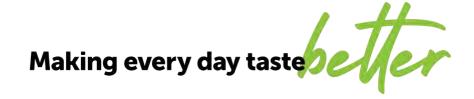
Maternity Advisory Form



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



Date:

Signed: (HR)