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| **Maternity / Adoption / Shared Parental Leave - Return to Work**When completed and counter-signed by your manager a copy of this form should be sent to **Payroll.Velindreandphw.cav@wales.nhs.uk**and copied to the People & OD team at peoplesupport.phw@wales.nhs.ukPlease ensure this form is completed in full to avoid delay in processing. |
| **Section A. PERSONAL DETAILS (to be completed by the Employee)**  |
| Name: |  |
| Home Address: |  |
| Telephone:  |  | Department: |  |
| NI Number: |  | Employee Number: |  |
| Do you have more than one assignment in PHW? | Y/N | Do you have a Bank assignment? | Y/N |
| **Section B: RETURN DETAILS** |
| Date of Payroll return: |  |
| Date of actual return: |  |
| All annual leave used? Please detail if any leave is to be carried forward.  |  |
| Will the employee’s contractual hours/sessions be changing?If yes, what will the new hours/sessions per week be?  |  |
| KIT days to be paid: |  |
| Other Comments: |  |
| **Employee signature:** |
| **Manager name:** |
| **Manager signature:** |
| **Date:**  |
|  |
| **For use by People & OD / Payroll Department** |
| Payroll Signed: |  | Payroll Date: |  |