|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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**](mailto:Payroll.Velindreandphw.cav@wales.nhs.uk)  and copied to the People & OD team at peoplesupport.phw@wales.nhs.uk  Please 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: | | |  | | |