**Human Resources**

**Maternity/Adoption Change of Return to Work Form**

*This form is to be used by employees returning from maternity or adoption leave. This form should be completed and sent electronically to the Payroll Team (*[*Fin.Div.Payroll@lse.ac.uk*](mailto:Fin.Div.Payroll@lse.ac.uk)*) at least 8 weeks before the return date (back on Payroll) if you are changing your return to work date.*

*Please ensure you have read the School’s* [*maternity leave*](http://www.lse.ac.uk/intranet/staff/humanResources/changingCircumstancesMovingOn/familyFriendlyBenefits/maternity/Maternity-Policy-and-Procedure-(Apr-2015).pdf)*,* [*adoption leave*](http://www.lse.ac.uk/intranet/staff/humanResources/changingCircumstancesMovingOn/familyFriendlyBenefits/adoption/adoption.aspx)*, and* [*Flexible Working policies*](https://info.lse.ac.uk/staff/services/Policies-and-procedures/Assets/Documents/fleWorPolPro.pdf)*.*

***Please ensure that you discuss the options of using your annual leave accrued whilst on maternity/adoption leave with your line manager BEFORE completing this form and please email them a copy of this form. Incomplete forms will not be accepted, please ensure all sections are fully completed.***

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| **Employee Details (please enter the following details)** | | | | | | | | | | |
| **Title** | enter text | | **First name** | | enter text | | **Surname** | | | enter text |
| **Home Address** | | | Click or tap here to enter text. | | | | | | | |
| **Contact Number** | | | Click or tap here to enter text. | | | | | | | |
| **Personal Email Address** | | | Click or tap here to enter text. | | | | | | | |
| **Payroll number** | | | Click or tap here to enter text. | | | | | | | |
| **Job title** | | | Click or tap here to enter text. | | | | | | | |
| **Are you a Visa Holder?** | | | No | | | Yes, Tier 2 | | Yes, Tier 5 | | |
| **Job Family** | | | Choose an item. | | | **Area** | | Click here to enter text. | | |
| **Details for Return** | | | | | | | | | | |
| **Last day of maternity/adoption leave** | | | | | | Click or tap to enter a date. | | | | |
| **Return date (back on Payroll)** | | | | | | Click or tap to enter a date. | | | | |
| **Please note:** This date should be the date that you wish to go back onto Payroll and be paid your full salary from and will not necessarily be the date that you will physically return to work. Please refer to the annual leave section below for help in calculating the annual leave that you have accrued. | | | | | | | | | | |
| **Annual Leave** | | | | | | | | | | |
| **Annual leave accrued whilst on maternity/adoption leave** | | | | Click or tap here to enter text. | | | | Days Hours | | |
| Please refer to the holiday calculator (for staff during maternity/adoption/shared parental leave) to calculate the annual leave that you have accrued. | | | | | | | | | | |
|
| **Return to work date if using accrued annual leave (back in the office)** | | | | | | Click or tap to enter a date. | | | | |
| **Declaration of Employee** | | | | | | | | | | |
| I confirm that the details above are correct and that my maternity/adoption leave is ending on the date above. I have made arrangements with my line manager for taking the annual leave that I have accrued whilst being on maternity/adoption leave. | | | | | | | | | | |
|
| **Name** | | enter text. | | | | **Position** | | | enter text. | |
| **Signature** | | enter text. | | | | **Date** | | | enter a date. | |
| **Name of Line Manager(s)** | | | | Click or tap here to enter text. | | | | | | |

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| **HR/Payroll Team office use only** | | | |
| ***HR checklist*** | | | |
| Added on Maternity Leave spreadsheet | | | |
| ***Payroll Team checklist*** | | | |
| Visa status checked | | | |
| If Tier 2 or 5 check with Compliance team before implementing | | | |
| Create letter | | | |
| Resourcelink input | | | |
| **Completed by:** | | | |
| **Name** | Click or tap here to enter text. | **Date** | Click or tap to enter a date. |