

[Print on Em] [Insert Address]

<<Employee's Name>>

<<Address>>

<<Address>>

<<Post Code>>

<<Date>>

Dear << >>

R

Thank you for your notification of t sh to commence your maternity leave.

You are entitled to Ordinary Maternity Leave (OML) of 13 weeks and Additional Maternity Leave (AML) of a further 26 weeks to which you are expected to return to work is <<Date>>.

You are not required to give any fu return to work on this date. If you wish to return to work before the e leave entitlement, you must provide eight weeks' notice of the If you do not give eight weeks' notice, then we may postpone you to eight weeks but no later than the end of your additional maternity

[As you have chosen to take AML, n to your current job at the end of your AML period. However, if it is e for you to return to your old job we may offer you a suitable and ap position with terms and conditions of employment that are equivalent or which you are presently employed.]

During your maternity leave period ve 39 weeks' Statutory Maternity Pay (SMP)] OR [not eligible to rec Pay (SMP)].

[SMP will be paid at the rate of << <<£state amount of SMP>> per w ek for six weeks and then OR [The attached SMP1 form explains why you are not entitled t ver, be entitled to Maternity Allowance. You should take this f Centre Plus for further information.]

If you do not wish return to work a ve, you must give us proper notice of termination of employe ur contract of employment.

Please refer to our Maternity Polic Please do not hesitate to contact me if you have any queries.

Yours sincerely

<<Name & Title>>

For and on behalf of <<Company