

[Print on Em

sert Address]

<<Employee's Name>>
<<Address>>
<<Address>>
<<Post Code>>

<<Date>>

Dear << >>

R **es**

Thank you for your notification of t
leave.

sh to commence your maternity

You are entitled to Ordinary Mater
Leave (AML) of a further 26 weeks
to work is <<Date>>.

weeks and Additional Maternity
which you are expected to return

You are not required to give any fu
wish to return to work before the e
provide eight weeks' notice of the
notice, then we may postpone you
the end of your additional maternit

return to work on this date. If you
leave entitlement, you must
If you do not give eight weeks'
to eight weeks but no later than

[As you have chosen to take AML,
your AML period. However, if it is
we may offer you a suitable and ap
employment that are equivalent or
employed.]

h to your current job at the end of
e for you to return to your old job
sition with terms and conditions of
which you are presently

During your maternity leave period
Pay (SMP)] OR [not eligible to rec

ive 39 weeks' Statutory Maternity
Pay (SMP)].

[SMP will be paid at the rate of <<
<<£state amount of SMP>> per we
explains why you are not entitled t
Allowance. You should take this f

ek for six weeks and then
OR [The attached SMP1 form
ver, be entitled to Maternity
Centre Plus for further information.]

If you do not wish return to work a
notice of termination of employem

ve, you must give us proper
ur contract of employment.

Please refer to our Maternity Polic
me if you have any queries.

Please do not hesitate to contact

Yours sincerely

<<Name & Title>>
For and on behalf of <<Company

S

A

M

P

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E