Kaleidoscope Multi-Academy Trust: Family Leave Documentation

Notification to end Maternity/Adoption Leave

You need to return this form at least **8 weeks** (21 days for Teachers) before you intend to return, failure to do so may result in incorrect salary.

If you are considering a change to your working hours or requesting Shared Parental Leave, we advise you to discuss this with your Line Manager before submitting this form.

Employee name:	Employee payroll number:
Job title:	Department / school:
It is my intention to end my maternity leave on:	
☐I would like to request a change to my contractual hours and / or working pattern and will submit a request to my Line Manager under the Flexible Working Policy My physical return to work date after using my accrued annual leave will be: (if applicable) **OR** **☐I will be returning to work on the same hours** My physical return to work date after using my accrued annual leave will be: (if applicable) **OR** **☐I will be submitting a request for Shared Parental Leave and will submit a request to my Line Manager under the Shared Parental Leave Policy**	
Employee signed:	Date:
Please e-mail this form to your Line Manager for authorisation, along with any other relevant forms.	
Manager signed:	Date:
Once authorised, please return to your school ahead of submission to the Central Office.	