End of Adoption Leave Notification Form (Nightshift only)

This form is for colleagues who work nightshifts and is to be completed by their manager.

Colleague details

Employee number:	Position:
Last name:	First name:
Business: _____	Location/Unit/Department:

Return to work details

End of Adoption Leave date (not including holidays to be taken) : (dd/mm/yyyy)
Colleague returned to work? Yes ☐ No ☐ If yes, provide date (dd/mm/yyyy):
Colleague resigned? Yes ☐ No ☐ If yes, please submit a termination form
Colleague requested to take annual leave? Yes ☐ No ☐ If yes, provide dates: From: To:
Colleague authorised to carry holidays forward into next holiday year? Yes ☐ No ☐
Colleague submitted a Formal Flexible Working Request? Yes ☐ No ☐ (If any change has been agreed with the colleague a contractual change form must be completed and sent to HR Services)
Any other relevant information/comments?

Please note: if the colleague is absent due to sickness, please inform Payroll Services directly to prevent the colleague being overpaid.

Authorisation

Manager Name:	Signature:	Date: (dd/mm/yyyy)