



Maternity Notification Form (Nightshift Only)

This form is for colleagues who work nightshifts and are unable to call HR Services. It is to be completed by the colleague and their manager.

Colleague details

Employee number: <input type="text"/>	Position: <input type="text"/>	
Last name: <input type="text"/>	First name: <input type="text"/>	
Address: <input type="text"/>		
Email address for Colleague Maternity Guide to be sent to: <input type="text"/>		
Town: <input type="text"/>	County: <input type="text"/>	Post code: <input type="text"/>
Business: <input type="text"/>	Location/Unit/Department Name: <input type="text"/>	

Maternity details

Approximate due date: (dd/mm/yyyy) <input type="text"/>
Any other relevant information/comments? <input type="text"/>

Authorisation

Manager name: <input type="text"/>	Signature: <input type="text"/>	Date: (dd/mm/yyyy) <input type="text"/>
Colleague name: <input type="text"/>	Signature: <input type="text"/>	Date: (dd/mm/yyyy) <input type="text"/>