Please complete this form when you have agreed your return to work date with your Line Manager/Headteacher and give the appropriate notice (All staff are required to give 8 weeks notice of return, except teaching staff who are required to give 28 days notice of return). **This form must be returned to the Absence team – address below.**

|  |  |
| --- | --- |
| 1. **Personal Details** | |
| Employee Number: |  |
| Name: |  |
| Job Title: |  |
| Home Address:  *(Please inform the Absence team if your details have changed during your adoption/surrogacy leave)* |  |
| 1. **Return from Adoption/Surrogacy Leave** | |
| I wish to give formal notification that I will return from my adoption/surrogacy leave on:-  ……..……………………...............................................................................……....................  In signing this form I confirm that I have informed my Line Manager/Headteacher of my return to work date.  Signed ……………………………………………………….....  Date ................................................................................ | |
| Please note: To ensure your normal salary/pay is re-instated on the payroll system at the correct time (should this miss the payrun it is likely that your salary will be reinstated the following month and arrears generated) this form must be sent to the Absence team.  **Please return to: HR/Payroll Team**  **People Management & Performance**  **Building 4**  **St. David’s Park**  **Jobswell Road**  **Carmarthen SA31 3HB** | |