

Name of Employee: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Name of Business: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Business Address: \_\_\_\_\_

Hourly Rate of Pay: \$\_\_\_\_\_ Number of Hours Worked Per Week: \_\_\_\_\_

Will the employee be returning to work when maternity leave ends?  Yes  No

Date Maternity Leave Began: \_\_\_\_\_ Return to Work Date: \_\_\_\_\_

Employee is on:  Paid Leave  Unpaid Leave  Other \_\_\_\_\_

**The information I have provided on this form is true to the best of my knowledge. False information may be subject to prosecution for fraud.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date