

Employer Maternity/ Paternity/ Adoption Leave Letter

Case number: <i>(April Case Number)</i>		
Company Name:		
Trading Address:		
Employee name:		

Job Title/ Role:	
Type of Employment:	
Start Date:	
Date of Leave:	
Return to Work Date:	

Gross Annual Basic Salary:	£
Gross Annual Commission:	£
Gross Annual Regular Bonus:	£
Gross Annual Overtime:	£
Gross Annual Allowances:	£
Any regular deductions? If please clarify the amount and what this is	£

- I certify that all the information provided above is a true and accurate reflection of our employees current circumstances.

Signed:	
Name:	
Position in Company:	
Direct Contact Number:	
Date:	