

Notification of Employee's Resumption After Maternity Leave

Please Post To: **Benefits Division**
National Insurance
P.O. Box 101135
Georgetown

Employer's National Registration No.

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M..... whose National Insurance Number
is

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returned to work on
after being absent since 20..... on
Maternity Leave.

.....
Signature of Employer or
Authorized Representative

.....
Address

.....
Date

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