

Graduated Return from Maternity

CHRIS/70

This form is to be used for employees wishing to return from maternity leave on a graduated basis and must be completed in addition to the CHRIS/61.

Graduated return arrangements are subject to the agreement of your Head of Institution. During a graduated return your salary is paid pro-rata (based on the number of hours that you are working). If you wish to apply for a permanent change in hours you must apply under the Flexible Working Policy. For more information contact HR or your departmental administrator.

PART 1 – APPLICATION FOR GRADUATED RETURN

To be completed by the employee

Section A – Personal Details

These questions must all be answered. Your personal reference number can be found on your payslip.

1. Surname
2. Forenames
3. Personal Reference Number
4. Position Held
5. Faculty / Department

Section B – Maternity Details

6. Date of return from maternity leave

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Section C – Current working pattern

7. Current hours per week

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8. Current working pattern
Every weekday Monday-Friday
Specified below

Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun ☐

9. Start date of this pattern (if known)

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Section D – Proposed working pattern and graduated increases

The Graduated Return Scheme requires that a member of staff must return at a minimum of 20% of full-time and increase back to full time within 12 months.

This section will be used to adjust your pay accordingly, so please be as specific as possible and advise the HR Division as soon as possible if there are any changes to these arrangements.

10. Details of graduated return

a. Initial hours/days per week on return:

b. Details of graduated increases (hours/days per week and date for each increase):

11. End date of graduated return

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Signed _____ Date _____

Now pass this form to your manager or Departmental Administrator

PART 2 – DEPARTMENTAL AUTHORISATION

To be completed by the institution concerned

I approve the application for graduated return to work as set out in section D.

Signed _____

Name _____

Position _____

Date _____

Telephone _____

This form should now be emailed to your HR Administration Team at the relevant address:

Lifeeventsandleave@admin.cam.ac.uk

cshrstaffhub@admin.cam.ac.uk

School of Arts & Humanities
School of the Biological Sciences
School of the Humanities & Social Sciences
School of the Physical Sciences
School of Technology
UAS
Non-School Institutions

School of Clinical Medicine

HR Use

RTW Status (If Tier 2 or Tier 5:
CHECK with Compliance before
implementing)

Compliance: reported to UKVI if
necessary (initials & date)