

EMPLOYEE INFORMATION

Name	
Employee ID	
Department	
Position	

MATERNITY LEAVE DETAILS

Expected Date of Delivery	
Proposed Start Date	
Proposed End Date	
Total number of Weeks	

Reason for leave (Tick that Applies)

- ☐ Pregnancy
- ☐ Pre-Childbirth
- ☐ Post Childbirth
- ☐ Other(Specify):.....
.....

Certification	
Employee Signature	
Date	

Approval	
HR Department	
Approved	() Denied () Pending
Comments	
HR Representative Signature	
Date	

Supervisor	Division in Charge	Estate Manager