**CHANGE TO MATERNITY LEAVE ARRANGEMENTS**

(To be completed by HR and uploaded to MyERP for communication to Payroll)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Resource ID:** | Click here to enter text. | | | | | |
| **Name:** | Click here to enter text. | | | | | |
|  | | | |  | | |
| **Baby Due Date:** | | Enter date. | | | | |
| **Date Baby Born (if known):** | | Enter date. | | | | |
|  | | | |  | | |
| **Original Maternity Leave Start Date:** | | | Enter date. | | | |
| **New Maternity Leave Start Date:** | | | Enter date. | | | |
|  | | | |  | | |
| **Original Maternity Leave End Date:** | | | Enter date. | | | |
| **New Maternity Leave End Date:** | | | Enter date. | | | |
|  | | | |  | | |
| **Is there a change to the original maternity pay option selected?** | | | | | Yes | No |
| **If so, what is the new maternity pay option?** | | | | Click here to enter text. | | |
|  | | | |  | | |
| **Additional comments or changes:** | | Click here to enter text. | | | | |
| **HR Adviser name:** | | Click here to enter text. | | | | |
| **Date:** | | Enter date. | | | | |