

Post-Maternity Return to Work Agreement

Employee
Name:

Job Title:

Department:

Manager:

Date of
Agreement:

Expected
Return
Date:

PURPOSE

WORKING ARRANGEMENTS

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FLEXIBLE WORK CONSIDERATIONS

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KEY COMMITMENTS

- 1.
- 2.
- 3.

REVIEW AND ADJUSTMENTS

OTHER NOTES

Employee
Signature:

Date:

Manager
Signature:

Date: