

Sent 20/12/18.

The Royal Wolverhampton **NHS**

NHS Trust

New Cross Hospital
Wolverhampton Road
Wolverhampton
West Midlands
WV10 0QP

Tel: 01902 307999

Our ref RH / LJU

20th December 2018

Ms S Warr
86 Wood Road
Codsall
WV8 1DW

Dear Steph

Thank you for meeting with me on 21st November 2018 to discuss your return to work arrangements following maternity leave.

You confirmed that you would be returning on 30 hours per week, over 4 days with effect from 11th January 2019. You have a full year's worth of annual leave (23 days) to take along with 5 days carried forward from 2017/18, giving you a total of 28 days. It was agreed that you will be taking 11th January 2019 – 1st March 2019 (28 days) as annual leave.

We will be delighted to see you back, with your first day being Monday 4th March 2019.

Thanks again for coming in to meet with me. I can confirm that I have completed your change form to return on the hours outlined above from 11th January 2019.

I look forward to having you back at work and part of the team; I know the Consultants share these sentiments too.

Yours sincerely

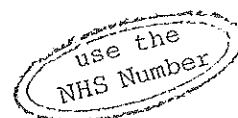
RUTH HORTON
Group Manager
Surgical and Patient Services

Chairman: Jeremy Vanes
Chief Executive: David Loughton CBE
Preventing Infection - Protecting Patients

A Teaching Trust of the University of Birmingham

Safe & Effective | Kind & Caring | Exceeding Expectation

MI 2382414 12.10.16



Change of Circumstances e-form.

This concludes the change of circumstances e-form process.



The report summarises the Change of Circumstance approval details transferred. Please take the opportunity to take a note of the change if circumstances for any queries and if required print out a copy for your records.

You may be contacted by e-mail with the outcome of your change of circumstances request. For advice on e-forms email Support@rwh.com

Change of Circumstances Request Form

Change of Circumstances Number: 42605

Assignment Number: 22976366

Surname: Warr Forename: Stephanie Jane

Current Post Number:

Current Post Title: Clinical Vascular Scientist

Current Division: DIVISION1

Current Organisation: GENERAL SURGERY

Current Department: GSURG DIR MGT

Current BudgetCode: 10470000

Current Paypoint Number:

Date Of Change: 11/01/2019

Transfer Depart To:

Releasing Manager:

Designation:

FoundationGate Passed: ☐

SixMonthPreceptorship: ☐

Reason For Change: Other Return from Maternity Leave on 11th January 2019. Hours of work will be 30 per week (as before maternity leave).

Contract Type: - Please Select -

Contract End Type:

New Department: -- Select Organisation --

New Salary:

New Hours:

New Payscale: - Please Select -

New Post Number:

New Post Title:

New Division: -- Select Division --

New Organisation: -- Select Directorate --

New BudgetCode:

New Position Number:

New Paypoint Number:

Requested By **Ruth Horton**

Email: ruthhorton1@nhs.net

Ext: 5811

Created: 20/12/2018

If required, please [click here](#) to print this page for your records.

[Return to Intranet](#)

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09 NOV 2017

HR 01 Appendix 1

THE ROYAL WOLVERHAMPTON NHS TRUST

Maternity / Adoption Leave Application Form

Part One:

Please complete using block capitals and enclose your certificate of expected confinement [usually MAT B1].

Full Name STEPHANIE J WARR Personal No 22976366

Job Title CLINICAL VASCULAR SCIENTIST Grade 8a

Department SURGERY

Address 86 WOOD RD, CODSALL, SOUTH STAFFS

Post Code WV8 1DW Home Tel No 07739813720

Expected week of confinement is: 28/02/18

Planned date of commencement for Maternity / Adoption Leave is: 21/02/18

Part Two:

I have identified that I am eligible for Maternity Leave in accordance with the following Scheme.

Please sign and date the appropriate option below:

1. I wish to return to work and plan to return to work on at the end of my * ~~Ordinary Maternity / Adoption Leave [39 weeks]~~ or * **Additional Maternity / Adoption Leave [52 Weeks]**. Please delete as appropriate.

Signed:  Date: 8/11/17

OR

2. I do not intend to return to work following this leave and intend to resign at the end of my 39 weeks leave.

My last day of service will therefore be

Signed:

Date:

OR

3. I am unsure whether I shall be returning to work or resigning from my post following this leave.

The latest date on which I will return following my leave is

Signed:

Date:

Appendix 1 cont

Part Three: Declaration by Employee

Maternity Leave Only

I have planned and agreed my maternity leave and return date [where applicable] with my manager and understand both the maternity leave entitlement and pay for which I am eligible. This does not prevent me from altering my return date or returning earlier, providing the appropriate notice.

I have received a copy of the Trust's Maternity Leave Policy and understand that I must return to work to THE ROYAL WOLVERHAMPTON NHS TRUST or another NHS Employer for a period of 3 months or more, or I will be liable to repay any maternity pay [less any statutory maternity pay] under paragraph 10.1.

Maternity and Adoption Leave

I understand that if I pay into the NHS Pension scheme that pension scheme service automatically accrues during periods of unpaid leave. I agree to pay up these contributions upon my return to work, unless I have opted out of the scheme prior to the unpaid leave and take responsibility for this action and I fully understand how this impacts upon my future pension benefits.

I agree to communicate with the Trust at the necessary periods and will keep my manager up to date with any changes to leave arrangements or personal circumstances such as change of address.

Employee's Signature:



Date: 8/11/17.

Part Four: Managers Authorisation

This application meets the relevant conditions of the required scheme.

- I confirm that the applicant's expected date of return is 20.02.19

OR

- I confirm that the applicant will be leaving the Trust on

Manager's Signature:



Date:

Copies: Payroll, Personal File and Employee

TO THE DOCTOR OR MIDWIFE – Please fill in this form in ink.

Name of patient

Stephanie Summer

Certificate number

001361313

Part A

Fill in this part if you are giving the certificate **before** the confinement.

Do not fill this in more than 20 weeks before the week when the baby is expected.

I certify that I examined you on the date given below. In my opinion you can expect to have your baby in the week that includes 28/02/18

Week means a period of 7 days starting on a Sunday and ending on a Saturday.

Part B

Fill in this part if you are giving the certificate **after** the confinement.

I certify that I attended you in connection with the birth which took place on/...../..... when you were delivered of a child [] children.

In my opinion your baby was expected in the week that includes/...../.....

Registered midwives

Please give your NMC Personal Identification Number

Sharon Carter

Community Midwife Team Leader

Reg No: 8213327E

and the expiry date of your registration with the NMC.

Doctors

Please stamp your name and address here if the form has not been stamped by the Health Authority in whose medical list you are included.

Date of examination 6/12/17

Date of signing 6/12/17

Signature



TO THE PATIENT

Please read the notes on the back of this form ▶

MAT B1 04/2015