Date

To Whom It May Concern

This is to certify that (NAME) of (ADDRESS) is a full time, permanent employee of (NAME OF COMPANY).

(NAM) is currently on paid/unpaid maternity leave returning to work on (DATE).

When (NAME) returns to work she will be reinstated in her role as (ROLE NAME). She will return to work at the same rate of pay as she was on before she went on Maternity Leave. She will also return to full time employment working the same hours and on the same terms and conditions as she was on prior to going on Maternity Leave.

Should you have any queries please do not hesitate to contact me at (PHONE NUMBER) or by email at (EMAIL ADDRESS).

Yours sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME

TITLE