

Notification of Employee's Resumption After Maternity Leave

Please Post To: Benefits Division Employer's National Registration No.
 National Insurance
 P.O. Box 101135
 Georgetown

M..... whose National Insurance Number
is returned to work on
after being absent since 20..... on
Maternity Leave.

.....
Signature of Employer or
Authorized Representative

.....
Address

.....
Date

Form MB6
(R&P Dept. August, 1997)

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