Maternity Leave Confirmation

We confirm your maternity leave as below. We wish you the very best.

Company

COMPANY NAME

CIN OR REGISTRATION NO.

REGISTERED ADDRESS

Employee

EMPLOYEE NAME

EMPLOYEE ID

DATE OF JOINING

DESIGNATION

DEPARTMENT

Leave

LEAVE START

EXPECTED RETURN

WEEKS

- Leave is paid at average daily wage for the period allowed by law.
- You may ask to work from home after the leave if the nature of work allows.
- Crèche facilities or allowance apply as per company policy.
- You return to the same role and terms.

Employee acknowledgement

☐ I confirm the leave dates above.

Signed electronically under the Information Technology Act, 2000.

Company

SIGNATURE

PRINTED NAME

DATE

Employee

SIGNATURE

PRINTED NAME

DATE