Employment Ordinance (Chapter 57) Prescribed Form under Section 15B and Section 49(2)

Maternity Leave Record

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Date of Commencement of Employment** | **Leave Taken** | **Payment** |
| **Pre-Confinement** | **Post-Confinement** | **Average Wage****Month/Day** | **Amount Paid** | **Date Paid** |
|  |  |  |  |  |  |  |