



BARRINGTONS CHILD CARE VOUCHERS

Request to Temporarily Leave the Scheme due to Maternity Commitments

Name (Mr/Mrs/Miss/Ms): _____

Home Address: _____

Telephone: _____

Department: _____

Position: _____

Payroll/Employee Number: _____

- I wish to leave the Child Care Voucher Scheme with effect from:

_____ (*insert month and year*)

- I wish to be reinstated back into the Child Care Vouchers Scheme with effect from:

_____ (*insert month and year*)

Signed: Date:

FOR PAYROLL USE ONLY

Date processed: _____

Date details forwarded to Barringtons: _____