

**Shared Parental Leave**

**Keep in Touch Day(s) Form**

**Part A - To be completed by the employee**

Name:

Job Title:

Department:

**Keep in Touch Day details:**

Date(s):

Total Number of Hours:

**Brief description of activities:**

|  |
| --- |
|  |

Total number of Keeping in Touch days taken to date (including this day):

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE PASS THIS FORM ONTO YOUR LINE MANAGER**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Part B - to be completed by your line manager (following completion of the work)**

*I confirm that the above work was undertaken as detailed above. Please arrange for the employee to receive payment for this accordingly.*

Line Manager’s Name

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE RETURN THIS FORM TO HUMAN RESOURCES**

**Please note that the form should be submitted by the payroll deadline of the month in which you worked the Keep in Touch day(s)**