

**Maternity Keep in Touch Day Form**

|  |
| --- |
| **Part A - To be completed by the employee** |
| **Name** |  |
| **Staff Number** |  |
| **Post title** |  |
| **Department** |  |
| **School** |  |
| **Date of Keep in Touch day(s) requested** |  |
| **Total number of hours** |  |
| **Brief description of activities** |  |
| **Number of KIT days taken including days above** |  |
| **Signature** |  |

Please pass form to 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Once completed this form should be sent to hroperations@rhul.ac.uk

**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)**