**Notification of Keeping in Touch Days (KIT)**

Employees may carry out up to 10 days work during maternity or adoption leave (for maternity - not during the first two weeks after giving birth), however, there is no requirement to do so.

The type of work should be agreed between managers and individuals before they come into work. Employees are not required to take up KIT days and they do not have to be offered.

Where KIT days are taken up normal rates of pay will apply, and payment will be made for the number of hours worked on a KIT day. During ordinary maternity/adoption leave the difference between contractual/statutory maternity/adoption pay and standard pay will be paid. During additional (unpaid) maternity/adoption leave an employee’s normal hourly basic rate of pay will apply. Attendance for part of a day will count as one KIT day.

**Please note that payment for these days will be paid in arrears as the form will not be forwarded to Payroll until the KIT days have been worked.**

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| **Part one: (Request to be completed by employee)** |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Payroll No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School/Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

KIT date(s) requested:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Number of Hours Worked** |  | **Date** | **Number of Hours Worked** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Reason for request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| **Part two: (Confirmation to be completed by manager)** |

KIT date(s) worked and authorised: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return this form to** **[payroll@hud.ac.uk](mailto:payroll@hud.ac.uk)**

**no later than 7th of each month to ensure payment in the same month.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Part three: Payroll Use** | | | | | | |
| Date received and recorded on system: | |  | Signed: | | | |
| Number of KIT days taken during this period of maternity/adoption leave: | | | Days: | | Total days paid including this application: | |
|  | | |  | |  | |
| Employee’s Daily Rate £ | | | CMP/SMP/CAP/SAP offset | |
| Amount Paid: | | | | |
| Month/Year Paid: | | | | |