**Notification of Shared Parental Leave in Touch Days (SPLIT)**

Employees may carry out up to 20 days work during shared parental leave however, there is no requirement to do so. SPLIT days are in addition to the 10 Keeping in Touch (KIT) days available during maternity or adoption leave.

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

Where SPLIT days are taken up normal rates of pay will apply, and payment will be made for the number of hours worked on a SPLIT day. During paid shared parental leave the difference between statutory shared parental pay and standard pay will be paid. During unpaid shared parental leave an employee’s normal hourly basic rate of pay will apply. Attendance for part of a day will count as one SPLIT day.

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

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

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

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

SPLIT 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)** |

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

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

**Please return this form to** **payroll@hud.ac.uk**

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

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| **Part three: Payroll Use** |
| Date received and recorded on system: |  |  Signed:   |
| Number of SPLIT days taken during this period of shared parental leave:   | Days:  | Total days paid including this application: |
|  |  |  |
| Employee’s Daily Rate £  | SPP offset |
| Amount Paid: |
| Month/Year Paid: |