

Maternity Leave - Keeping In Touch (KIT) Days Claim Form

School / Academy:
Name: (please print)
Employee Number:
Baby's Date of Birth:
Hourly Rate:

I declare that I have worked on the following days and detail the actual hours I have worked:

DATE	FROM (TIME)	TO (TIME)	TOTAL HOURS

I understand that if I work during a period of full pay, no additional payment will be made, but if I work during a period of half pay or SMP only, pay will be 'topped up' so that I will receive full pay for the hours worked. I acknowledge that if I work for less than a full day this will still count as one KIT day, although payment will only be paid for hours actually worked.

Cumulative total of KIT days taken to date:

Employees Signature	
Date	
Budget Holder Signature	
Date	

Date sent to Payroll:	
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PAYMENT WILL NOT BE MADE UNLESS THE CLAIM FORM IS COMPLETED IN FULL AND WITH ALL RELEVANT SIGNATURES