Appendix F

**APPLICATION FORM**

**Keeping In Touch Days (KIT Days) / Shared Parental Leave in Touch Days (SPLIT Days)**

\*Mandatory field

|  |  |  |  |
| --- | --- | --- | --- |
| **Part 1: Employee Details** | | | |
| Surname\* |  | Forename\* |  |
| Address\* | | Email Address\* |  |
| Tel Number:\* |  |
| Employee Number\* |  |

|  |  |
| --- | --- |
| **Part 2: Details of KIT Days** | |
| I confirm I have worked the following dates as KIT / SPLIT Days  PLEASE NOTE: Up to 10 KIT days or 20 SPLIT days can be taken | |
| **Date** | **Reason for KIT / SPLIT Day** |
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| --- | --- |
| **Part 3: Employee Declarations** | |
| **Name:\*** |  |
| **Signature:\*** |  |
| **Date:\*** |  |
| **Part 4: Manager Authorisation** | |
| **Name:\*** |  |
| **Signature:\*** |  |
| **Date:\*** |  |