

# The Midcounties Co-operative

## Keeping in Touch (KIT) Day (During Adoption Leave) Form – AL5

Part A – To be completed by colleague

Name:

Job title:

Department:

**Proposed Keeping in Touch Day details:**

Date(s):

Total Number of hours:

Brief description of activities:

Signature:

Date:

PLEASE PASS THIS FORM TO YOUR LINE MANAGER

Part B - To be completed by Line Manager

Agreed / Not agreed

Comments:

Line Manager's Name:

Signature

Date:

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<b>Policy name:</b>	AL5 – Keeping in Touch Day Form	<b>Date of last review:</b>	March 2017
<b>Policy owner:</b>	PSG	<b>Issue number:</b>	PSG-PW-001

PLEASE ADVISE THE COLLEAGUE OF THE OUTCOME OF THIS DECISION AND, WHERE APPROPRIATE, LIAISE DIRECTLY WITH THE COLLEAGUE REGARDING ARRANGEMENTS FOR THE KEEPING IN TOUCH DAY(S)

Part C - To be completed by Line Manager (*FOLLOWING completion of 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:

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