



## Maternity Leave - Keeping In Touch Days - Form ML5

### Part A – To be completed by colleague

Colleague Name:

Colleague Number:

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 on to your line manager, Payroll via payrollusers@midcounties.coop and HR via familyleave@midcounties.coop

### Part B - To be completed by the line manager

Agreed ☐ Not agreed ☐

Comments:

Line Manager's Name:

Signature: \_\_\_\_\_

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

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 the line manager (following completion of the keep in touch day(s))

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: \_\_\_\_\_