



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:

Policy name:	AL5 – Keeping in Touch Day Form	Date of last review:	April 2022
Policy owner:	HR	Issue number:	002

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),
DO NOT RECORD ON KRONOS – INFORM YOUR PAYROLL ADMINISTRATOR

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:

Please return this form to the Payroll Team; payrollusers@midcounties.coop or Payroll Enquiries, Personnel Services Group, The Midcounties Co-operative, Co-operative House, Warwick Technology Park, Gallows Hill, Warwick, CV34 6DA.

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