



Shared Parental Leave Keeping in Touch Day (SPLIT) Form

This form is to be completed by colleagues and their manager to record any SPLIT days agreed and worked by a colleague on shared parental leave.

Section 1 – Colleague details (to be completed by the colleague)

Business/Location:
Colleague Name:
Employee number:

Section 2 – SPLIT day details (to be completed by the colleague)

Date(s):	
Total number of hours:	
Description of activities:	
Signature	Date

Section 3 (to be completed by the line manager)

Split days above:

Agreed ☒

Disagreed ☒

Comments :

Policy name:	SPLIT Day Form	Date of last review:	April 2022
Policy owner:	HR	Issue number:	002

Line Managers 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).

Section 4 - Completion of SPLIT days (to be completed by the line manager)

I confirm that the above work was undertaken as detailed above. Please arrange for the employee to receive payment for this accordingly.

Line managers 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.

Please also email a copy of this form to familyleave@midcounties.coop.

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