

### 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:	
Line Managers Name:	
Signature:	Date:

<b>Policy name:</b>	SPLIT Day Form	<b>Date of last review:</b>	August 2019
<b>Policy owner:</b>	PSG	<b>Issue number:</b>	PSG-SM-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).

**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; 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 the HR Operations Coordinator & Maternity/Paternity Coordinator in PSG, [MaternityPaternity@midcounties.coop](mailto:MaternityPaternity@midcounties.coop).

<b>Policy name:</b>	SPLIT Day Form	<b>Date of last review:</b>	August 2019
<b>Policy owner:</b>	PSG	<b>Issue number:</b>	PSG-SM-001