King's College Hospital
NHS Foundation Trust

KEEP IN TOUCH or SHARED PARENTAL LEAVE IN TOUCH PAYMENT REQUEST FORM

Please Note: This form is only compatible with Internet Explorer and Adobe Reader

This form is to be completed by the Trust Manager to request payment to an employee for Keep In Touch Days (KIT) or Shared Parental Leave In Touch Days (SPLIT) worked.

KIT days can be agreed to a maximum of 10 days. For each hour/session worked the employee will be paid their standard hourly/sessional rate offset against any maternity or adoption pay the employee is currently receiving.

SPLIT days can be agreed to a maximum of 20 days. For each hour/session worked the employee will be paid their standard hourly/sessional rate offset against any Shared Parental Pay the employee is currently receiving.

Further guidance can be found on the Parental Leave Kwiki Page.

Following completion this form will be submitted to kch.payrollandexpenses@nhs.net

Should you have any queries regarding the completion of this form, please contact Payroll on 020 3299 9090

**** Mandatory Field; if you do not complete all mandatory fields your request will not be processed and you will be asked to complete again***

THIS FORM SHOULD BE SUBMITTED IN E FORMAT

1. EMPLOYEE DETAILS

Assignment No. * ☐☐☐☐☐☐☐☐ - ☐

Position Number * ______

Surname * ______

Forename(s) * ______

2. KIT DAY or SPLIT DAY Worked

Date Worked	Hours/Sessions To Be Paid	Please select the relevant Scheme KIT DAY	SPLIT DAY
D D M M Y Y Y Y	☐☐ : ☐☐	☐	☐
D D M M Y Y Y Y	☐☐ : ☐☐	☐	☐
D D M M Y Y Y Y	☐☐ : ☐☐	☐	☐
D D M M Y Y Y Y	☐☐ : ☐☐	☐	☐
D D M M Y Y Y Y	☐☐ : ☐☐	☐	☐

3. EMPLOYEE AUTHORISATION

Employee Name*

Employee Signature

not required if being submitted electronically

Date * D D M M Y Y Y Y

Employee Email Address *

4. MANAGER AUTHORISATION

This form will be returned to you if not completed as directed and may result in a delay in payment.

Employee No *

Forename *

Surname *

Authorised Signature

not required if being submitted electronically

Date* D D M M Y Y Y Y

Contact No.*

Work Email Address *

Clear Form