**Appendix G**

**Keeping-In-Touch Pro-Forma**

*To be completed in consideration of the document*

*‘Guidance on keeping-in-touch days during Maternity/Paternity (Maternity Support) Leave.’*

Employee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Personal No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Maternity/Paternity (Maternity Support) Leave/ commenced:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected return to work date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Dates of Keeping in Touch Day(s)** |
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Employee signature……………………………………… Date………………………

Managers signature……………………………………… Date……………………….

**Once completed this form should be forwarded to Pay Services for processing, with a copy kept on the employee’s personal file.**