Logo, company name

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**KIT (Keeping in Touch) Day Claim Form**

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| **SECTION A (to be completed by the employee)** |
| ***Please complete Section A and submit to your line manager for approval AFTER you have attended work on a KIT Day.***   1. Name:   Payroll Reference:  Post Title:  School:   1. I confirm that I am currently on maternity/adoption\* leave and wish to claim payment for attending work on an agreed KIT Day.   I attended work on (date) for half a day / full day\*.  I understand that any monies claimed will be subject to tax/NI and pension deductions in the normal way.   1. I confirm that the information provided above is correct.   Signed: Date:  (\*please delete as appropriate) |
| **SECTION B (to be completed by Headteacher / Senior Manager)** |
| ***Please complete Section B and forward to EPM for processing.***   1. Name: 2. I confirm that the above KIT Day payment is authorised:   Signed: Date:  Post title: |

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| **SECTION C (to be completed by EPM)** |
| ***Please complete Section C and forward to Payroll for payment.***  Employee Number:  Date sent to Payroll Services: Total number of KIT attendances claimed for  (each half/full day counts as 1 attendance – maximum number of attendances permitted = 10)  Calculation for Payment:   * \*\* Teachers – FTE annual salary / 365 x no of KIT days * \*\* Support – FTE annual salary / 12 / days in the relevant month x no of KIT days   Signed:  HR Adviser  \*\* delete as appropriate |
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