

**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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