# Keeping In Touch (KIT) Days Form

Under maternity leave regulations an employee on maternity leave can do 10 days' (or less) work during her maternity leave without bringing her maternity leave to an end. These are known as 'keeping in touch (KIT) days'. KIT days should only be used where it is necessary that an employee be involved with work activities or kept up to date with work developments.

KIT days must be agreed between manager and employee; should not exceed the employee's normal standard working day and take account of any medical instructions to the employee.

Managers should fill in this form for any member of staff who returns to work during maternity/adoption leave.

**Employee details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| First name | Click | | | | | | | | | | | |  | Surname | | Click | | |
|  | | | | | | | | | | | | | | | | | |
| Resource ID | 2 |  |  |  |  |  |  |  |  |  |  |  | | |  | |  | | |

**KIT days details**

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|  | **Date worked** | | | | |  | | **Start time** | | | | |  | **End time** | | | | |  | **Actual number of hours worked** | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **1** |  | **/** |  | **/** |  | |  | |  | **:** |  |  | | |  | **:** |  |  | | |  | hrs |  | mins |
|  | DD |  | MM |  | YYYY | |  | | HH |  | MM |  | | | HH |  | MM |  | | |  |  |  |  |
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| **2** |  | **/** |  | **/** |  | |  | |  | **:** |  |  | | |  | **:** |  |  | | |  | hrs |  | mins |
|  | DD |  | MM |  | YYYY | |  | | HH |  | MM |  | | | HH |  | MM |  | | |  |  |  |  |
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| **3** |  | **/** |  | **/** |  | |  | |  | **:** |  |  | | |  | **:** |  |  | | |  | hrs |  | mins |
|  | DD |  | MM |  | YYYY | |  | | HH |  | MM |  | | | HH |  | MM |  | | |  |  |  |  |
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| **4** |  | **/** |  | **/** |  | |  | |  | **:** |  |  | | |  | **:** |  |  | | |  | hrs |  | mins |
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| **5** |  | **/** |  | **/** |  | |  | |  | **:** |  |  | | |  | **:** |  |  | | |  | hrs |  | mins |
|  | DD |  | MM |  | YYYY | |  | | HH |  | MM |  | | | HH |  | MM |  | | |  |  |  |  |
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| **6** |  | **/** |  | **/** |  | |  | |  | **:** |  |  | | |  | **:** |  |  | | |  | hrs |  | mins |
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| **7** |  | **/** |  | **/** |  | |  | |  | **:** |  |  | | |  | **:** |  |  | | |  | hrs |  | mins |
|  | DD |  | MM |  | YYYY | |  | | HH |  | MM |  | | | HH |  | MM |  | | |  |  |  |  |
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| **8** |  | **/** |  | **/** |  | |  | |  | **:** |  |  | | |  | **:** |  |  | | |  | hrs |  | mins |
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| **9** |  | **/** |  | **/** |  | |  | |  | **:** |  |  | | |  | **:** |  |  | | |  | hrs |  | mins |
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| **10** |  | **/** |  | **/** |  | |  | |  | **:** |  |  | | |  | **:** |  |  | | |  | hrs |  | mins |
|  | DD |  | MM |  | YYYY | |  | | HH |  | MM |  | | | HH |  | MM |  | | |  |  |  |  |

**Signature and Authorisation**

I agree that the above information is a true reflection of the dates and times spent in work during maternity/adoption leave and that any payment for hours worked on a KIT day, when combined with my entitlement to maternity/adoption pay, exceeds my standard daily rate of pay, this will be offset against the pay I would otherwise be entitled to.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employee signature | Click |  | Date |  | / |  | / |  |
|  |  |  | DD |  | MM |  | YYYY |
|  |  |  |  |  | | | | | |
| Line manager signature | Click |  | Date |  | / |  | / |  |
|  |  |  | DD |  | MM |  | YYYY |
|  |  |  |  |  |  |  |  | |

Please submit the completed form to the relevant email address:

[People\_Services\_Corp@lincolnshire.gov.uk](mailto:People_Services_Corp@lincolnshire.gov.uk) (Corporate)

[LFR\_payroll@lincolnshire.gov.uk](mailto:LFR_payroll@lincolnshire.gov.uk) (Fire)

[schoolsteam@lincolnshire.gov.uk](mailto:schoolsteam@lincolnshire.gov.uk) (Schools)