

Authorisation for Payment of Keeping In Touch Days



THIS FORM SHOULD BE COMPLETED AND RETURNED TO HRpayroll@blaenau-gwent.gov.uk

SECTION 1 – PERSONAL DETAILS

Full Name:	<input type="text"/>		
Home Address:	<input type="text"/>		
Telephone Number:	Home: <input type="text"/>	Work: <input type="text"/>	
Designation:	<input type="text"/>		
Place Of Work:	<input type="text"/>		
Staff Number:	<input type="text"/>		
N.I. Number:	<input type="text"/>		

SECTION 2 – DECLARATION

In line with the Maternity Policy I wish to notify you that I attended work on the date(s) stated below:

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Reason for the Keeping in Touch Day(s):

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Employee's Signature: Date:

Manager's Signature: Date: