

# Authorisation for Payment of Keeping In Touch Days



THIS FORM SHOULD BE COMPLETED AND RETURNED TO [HRpayroll@blaenau-gwent.gov.uk](mailto:HRpayroll@blaenau-gwent.gov.uk)

## SECTION 1 – PERSONAL DETAILS

Full Name:

Home Address:

Telephone Number: Home:  Work:

Designation:

Place Of Work:

Staff Number:

N.I. Number:

## SECTION 2 – DECLARATION

In line with the Adoption/Surrogacy policy and the Keeping in Touch Days option I wish to notify you that I attended work on the date(s) stated below:

Reason for the Keeping in Touch Day(s):

Employee's Signature:  Date:

Manager's Signature:  Date:

## ORGANISATIONAL DEVELOPMENT DIVISION ONLY

### CHECK DETAILS AND DATE OF COMMENCEMENT

- |   |  |
|---|--|
| <input type="checkbox"/> Inform Resources             | <input type="checkbox"/> Entered in Register |
| <input type="checkbox"/> Letter to Employee (28 days) | <input type="checkbox"/> Filed Personal File |