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Description automatically generated KEEPING IN TOUCH REQUEST FORM**

1. **Personal Information**

|  |  |
| --- | --- |
| **Your name:** |  |
| **Your job title:** |  |
| **The school you work in or area of the Trust:** |  |

1. **KIT Day Information**

|  |  |
| --- | --- |
| **Date of request:** |  |
| **The dates I wish to work keeping in touch days (KIT) are:** |  |
| **The total number of KIT days I am requesting is[[1]](#footnote-1):** |  |
| **The type of work I intend to do on keeping in touch days is:** |  |

1. **Form submission**

Please submit this form to your Headteacher or senior manager if you work within the wider Trust, and please copy it to [HR@girlslearningtrust.org](mailto:HR@girlslearningtrust.org). Please do not consider the days as agreed until you have received confirmation from your Headteacher or senior manager.

HR will ensure you are paid appropriately for any KIT days worked. Pay is at your normal rate of pay, less any occupational or statutory maternity leave you may be entitled to.

1. If you work more than 10 keeping in touch days, your maternity leave and pay automatically end by law. [↑](#footnote-ref-1)