** SHARED PARENTAL LEAVE IN TOUCH DAYS (SPLIT) REQUEST FORM**

1. **Personal Information**

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

1. **SPLIT Day Information**

|  |  |
| --- | --- |
| **Date of request:** |  |
| **The dates I wish to work shared parental leave in touch days (SPLIT) are:** |  |
| **The total number of SPLIT days I am requesting is[[1]](#footnote-1):** |  |
| **The type of work I intend to do on SPLIT 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. 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 SPLIT days worked. Pay is at your normal rate of pay, less any statutory shared parental pay may be entitled to.

1. The entitlement is up to 20 SPLIT days [↑](#footnote-ref-1)