# *This template document is issued by the Connexional Team and may be used and amended by the Districts/ Circuits and Churches to suit their particular local circumstances. Text in BLUE font should be adjusted.*

# KEEPING IN TOUCH DAYS - MONITORING AND PAY FORM (Template)

*Please refer to the Maternity Leave Policy before completing this form*

##### Details of Person Returning

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title & Surname:** |  | | | |
| **Forenames:** |  | | | |
| *Church/Circuit/District*: |  | | | |
| **Maternity Leave period:** | **From** |  | **To** |  |

##### Keeping in Touch Days completed

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | | **Authorised By** | **Notes** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |
| **6** |  |  |  |
| **7** |  |  |  |
| **8** |  |  |  |
| **9** |  |  |  |
| **10** |  |  |  |
| **Total number of days completed -** | | | |

This form must be returned to the payroll provider for processing in line with deadline for that month’s pay.

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee’s Signature:** |  | **Date:** |  |
| **Line Manager’s Signature:** |  | **Date:** |  |

|  |  |  |
| --- | --- | --- |
| FOR OFFICIAL USE ONLY | | |
| **Date Received by Line Manager**: - |  | |
| Employee Details Entered on the Payroll: - | Yes/No | |
| Actioned By: - | **Date:** |  |

Last updated: April 2021