KEEPING IN TOUCH DAYS PAYMENT CLAIM FORM

PLEASE COMPLETE AND FORWARD TO: Human Resources Branch, Division of Services and Resources

This form is to be used by staff on approved UNPAID or HALF PAY Parental Leave to claim payment for Keeping in Touch Days

STAFF MEMBER DETAILS (PLEASE USE BLOCK CAPITALS)

Staff ID: __ __ __ __ __ __ __ School/Branch: ..... Work phone: .....

Title: ..... Family name: ..... Given names (in full): .....

☐ Half pay Parental Leave ☐ Unpaid Parental Leave ☐ Please tick if you have received a Higher Duties Allowance during the period of Keeping in Touch

KEEPING IN TOUCH DAYS PURPOSE:

☐ Participating in planning days ☐ Training ☐ Attending conference ☐ Attending Major Organisational Change Meetings ☐ Other.....

DETAILS OF HOURS WORKED

Week Day	Date	Starting Time	Meal Break	Finishing Time	Hours Worked
				Total Hours :	

PLEASE NOTE:
Staff members who work more than the 10 "keeping in touch days" during the period of parental leave will be deemed to have resumed regular work activities

.

OFFICE USE ONLY

Hours already paid	Additional hours payable	Pay rate	Pay Period

AUTHORISATION (ALL SIGNATURES REQUIRED)

Staff Member

Signature: .....
Date: .....

Supervisor

☐ confirmation of hours worked
Name (please print): .....
Signature: .....
Date: .....

Executive Dean/Corporate Manager/Divisional Head

Name (please print): .....
Signature: .....
Date: .....