**Form SPL5 - Keeping in Touch during Shared Parental Leave (SPLIT) Days Record**

Please complete this record and submit on your return to work from shared parental leave.

Payment will be made and shown on your next available pay slip (depending on the payroll deadlines).

During shared parental leave you may work on a maximum of 20 days without affecting your rights to statutory pay.

You may receive additional payment only for the hours that you work, which is calculated as follows:

* SPLIT day whilst receiving occupational shared parental pay (ie. full pay inclusive of statutory pay) = no additional payment will be made.
* SPLIT day whilst receiving statutory shared parental pay only = the statutory rate will be topped up to your normal basic pay for the hours you work.
* SPLIT day whilst on unpaid shared parental leave = your normal basic pay for the hours you work.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **DATE** | **TIME ATTENDED** | **NUMBER OF HOURS WORKED** | **ACTIVITY DESCRIPTION (optional)** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |
| **6** |  |  |  |  |
| **7** |  |  |  |  |
| **8** |  |  |  |  |
| **9** |  |  |  |  |
| **10** |  |  |  |  |
| **11** |  |  |  |  |
| **12** |  |  |  |  |
| **13** |  |  |  |  |
| **14** |  |  |  |  |
| **15** |  |  |  |  |
| **16** |  |  |  |  |
| **17** |  |  |  |  |
| **18** |  |  |  |  |
| **19** |  |  |  |  |
| **20** |  |  |  |  |
| **Employee declaration:** I confirm that I worked the above hours and wish to claim additional payment (where appropriate) in respect of these |
| Employee Name:  | Employee Number: |
| Faculty/department: | Job Title: |
| Date shared parental leave commenced: | Date shared parental leave ended: |
| Employee Signature:  | Date: |
| **Payment authorised by:** |
| Manager Name: | Date: |
| Manager Signature: |  |

**Manager to send a copy of completed form to People & OD Operations (****people-od.operations@manchester.ac.uk****) for payment.**