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| --- | --- | --- |
| Keeping in Touch (KIT) Days Application Form  Please note you can work a maximum of 10 KIT Days  Once completed please return the form to the Payroll Department ([payroll@abdn.ac.uk](mailto:payroll@abdn.ac.uk)) | | |
| Employee Name: |  |  |
| ID Number: |  |  |
| Date/s planned for KIT Day |  |  |
| SMP/OMP period |  |  |
| Line Manager to sign to confirm KIT Day/s completed | Line Manager Name:  Print: | Line Manager signature:  Date: |
| KIT Days already taken including date above |  |  |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |
| 9 |  |  |
| 10 |  |  |

March 2019