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| Shared Parental Leave Keeping in Touch (SPLIT) Days Application Form  Please note you can work a maximum of 20 SPLIT 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 SPLIT Day |  |  |
| OShPP/ShPP Period |  |  |
| Line Manager to sign to confirm SPLIT Day/s completed | Line Manager Name:  Print: | Line Manager signature:  Date: |
| SPLIT Days already taken including date above |  |  |
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March 2019