# **\\GROMIT\Human Resources\ERBP\HR Projects\16. Employer brand\UoK Brand and Logo\Logos\HR blue logo 40perc original size.jpgINDUSTRIAL ACTION 2021/2022 RECORD OF HOURS NOT WORKED: Hourly Paid Staff**

This form should be completed by Hourly-Paid Staff to confirm the number of hours that they were due to work, but did not work, due to strike action. A copy of this declaration will be held on your HR file for a period in line with our data retention policy. This data will be used to assist the University in planning mitigation and to assess the impact of the action. This form should also be completed by those who are members of a University pension scheme and wish to maintain their pension contributions whilst on strike or for any other reason that Hourly-Paid Staff may need to report their hours during strike action.

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| **PART 1: EMPLOYEE DETAILS** | | | | | | | | | | | | | |
| *For completion by the EMPLOYEE only* | | | | | | | | | | | | | |
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| **Title** | |  |  | | | **Staff ID number** | |  |  | | | | |
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| **Forename(s)** | |  |  | | | **Post number** | |  |  | | | | |
|  | |  |  | | |  | |  |  | | | | |
| **Surname** | |  |  | | | **Job title** | |  |  | | | | |
|  | |  |  | | |  | |  |  | | | | |
| **School/Department** | |  |  | | | | | | | | | | |
|  | |  |  | | |  | |  |  | | | | |
| **PART 2: HOURS DUE TO HAVE BEEN WORKED** | | | | | | | | | | | | | |
| *Please complete this section as fully as possible* | | | | | | | | | | | | | |
| **Date** | **Term week** | | | **Hour type**  *(GMH / variable)* | | **Activity** *(TH/M/AA)* | **Course code**  *(If applicable)* | | | | **Hours due to have been worked** | | |
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|  |  | | |  | |  | **Total:** | | | |  | | |
| **PART 3: DECLARATION** | | | | | | | | | | | | |
| *For completion by the EMPLOYEE only* | | | | | | | | | | | | |
| **I confirm that I was due to work/offered the above hours, but did not due to strike action:** | | | | | | | | | | | |  |
| *AND/OR (tick all that apply)*  **I can confirm that I would like the University to reschedule and/or offer alternative**  **equivalent hours of work at a later date:** | | | | | | | | | | | | |
| **I confirm that I would like the University to maintain my pension contributions for this work. I have also recorded an absence in Staff Connect for the dates above:** | | | | | | | | | | | |  |
| Employee name: | | | | | Signature: | | | | | Date: | | |
|  | | | | |  | | | | |  | | |
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| **PART 4: AUTHORISATION** | | | | | | | | | | | | | |
| *For completion by the EMPLOYING Division only* | | | | | | | | | | | | | |
| **I confirm that the above work was due to be undertaken and was not:** | | | | | | | | | | | | |
| Name: | | | | | Signature: | | | | | Date: | | |
|  | | | | |  | | | | |  | | |
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### Once completed, this form should be sent to [hrindustrialaction@kent.ac.uk](mailto:hrindustrialaction@kent.ac.uk) with a copy retained by the employee.