

PROFESSIONAL SUPPORT STAFF - MONTHLY CLAIM FOR ADDITIONAL PAYMENTS

TitleFirst NameSurname.....

Faculty/Centre/Service.....Employee Ref. No.

Claim for the month of Year

PLEASE REFER TO THE GUIDANCE NOTES ON THE REVERSE OF THIS FORM

Date of Month	Day	Time		Reason for Overtime*	No. of hours to be claimed**
		From	To		

*Unless a reason for the overtime/additional work is given, claims will not be authorised by the Personnel Service. **When part of an hour has been worked, please use decimals e.g. 7¼ is 7.25.

Work undertaken on – specify date	Reason for the additional work being required – details to be provided	£ - Agreed Fee being claimed

Declaration

I claim payment for the above work undertaken and understand that knowingly to give false information is a serious disciplinary offence and may lead to dismissal.

Signed..... Date.....
(Employee)

Authorisation

I authorise that payment be made in respect of the additional work undertaken, as detailed above.

Signed..... Date.....
(Dean of Faculty/Director of Centre/Head of Service)

Signed..... Date.....
(for Personnel Service)

GEN CODE:.....
(Note – a code must be provided for the claim to be processed by payroll)

Financial Services Unit use only

Cost Code				Data Code	

Professional Support Staff - Form for Additional Payments — Guidance on Use

- This claim form is to be used by Professional Support Staff that are paid on a monthly basis.
- Claims must be completed correctly, authorised by the Dean/Director/Head and forwarded to the Personnel Service prior to the applicable monthly pay deadline for Professional Support Staff.
- Please ensure that all entries on the form are clear and precise. Any forms that are not will be returned for clarification.
- Please ensure that you enter the correct Employee Reference Number on the claim form. The Financial Services Unit does not accept any responsibility if an incorrect reference number is quoted.

Date of Month	Day	Time	Personnel Order	No. of hours to be claimed

Work undertaken on - specify date	Reason for the additional work being required - details to be provided	Fee being claimed

I claim payment for the above work undertaken and understand that knowingly to give false information is a serious disciplinary offence and may lead to dismissal.

Signed: _____ Date: _____
(Employee)

I authorise that payment be made in respect of the additional work undertaken, as detailed above.

Signed: _____ Date: _____
(Dean of Faculty/Director of Centre/Head of Service)

Signed: _____ Date: _____
(for Personnel Service)

GRN CODE: _____
(Note - a code must be provided for the claim to be processed by payroll)

Cost Code	Date Code				