

EXISTING EMPLOYEES : RETROSPECTIVE CLAIM FOR PAYMENTS FOR
ADDITIONAL WORK UNDERTAKEN ON A LOCUM BASIS

- i) The purpose of this form is to allow Junior Hospital Medical and Dental Staff to claim payments for additional duties performed on a locum basis with the City Hospital.
- ii) Payment through normal salary process - therefore all claims must be fully completed on this form otherwise delays will occur in payment.
- iii) Please ensure the form is completed and returned to MEDICAL STAFFING within 3 days of undertaking this additional work.

TO BE COMPLETED BY CLAIMAINT - Complete in BLOCK CAPITALS

Personal Details (obtained from pay slip) :

Pay Roll Pay Point Personnel Number

* Surname : Forenames :

Grade of substantive post held :

HO SHO SpR CLINICAL ASSISTANT (Delete as appropriate)

Speciality :

DATE WORKED	STANDARD HOURS	REASON FOR COVER
Total hours :		
Rate per hour :		
Total claim :		

I have performed the above duties outside my contractual commitment.

Signature : Date :

Signature of Consultant : Date :

Authorised : Date :

THIS FORM SHOULD BE RETURNED TO THE PAYROLL DEPARTMENT NO LATER THAN 1 WEEK AFTER UNDERTAKING THE ADDITIONAL WORK.

FOR TREASURERS USE ONLY

Week paid : Month paid :