

CITY HOSPITAL NHS TRUST

Waiting List Initiatives

Authority for payment for additional work undertaken as part of the Waiting List Initiatives.

WAITING LIST INITIATIVE
(Complete in Block Capitals)

Speciality : _____

Payroll Number	Paypoint Number	Personal Number	Full Name	Date Work Undertaken	Time Work Undertaken		Hours / Sess to be Paid	Total to be Paid £ p	For Payroll Use Only
					From	To			

I confirm that the above performed the duties and are entitled to receive the amounts stated.

Head of Department : Date :

I authorise the above payments in respect of Waiting List Initiatives.

Divisional Director / Authorised Signatory : Date :