

## CASUAL PAY CLAIM - STAFF

Failure to complete the form in full may result in delayed payment

<b>Surname</b>		<b>Payroll No</b>	
<b>Forename</b>		<i>Payroll cannot process your payment without your Payroll Number but leave blank if this is your first claim.</i>	
<b>Department</b>		<b>Email address for Payslip</b>	

Date Week ending	Brief description of duties	Grade	Hourly rate	Total Hours worked in week	Payment value (£)
<b>Totals:</b>					

<b>Cost Code details</b>		%	RVP			
Payment value if more than one cost code.		%	RVP			
		%	RVP			

<b>Claimant signature</b>		<b>Authorised by</b>	
<b>Print Name</b>		<b>Print Name</b>	

*I confirm I have worked the hours as stated and have not worked more than 6 hours without a 30 minute break continuously.*

FOR PAYROLL USE ONLY					
Data input by		Data checked by		Month	