

PERTH AND KINROSS COUNCIL

SINGLE STATUS CASUAL WORKER

CLAIM FORM – Enter claim details overleaf

Employment Services



Holiday Pay @ 8.3% will be paid for all time worked in line with Council Policy

For Period Ending*	03/04/16
Employee Name	JOE BLOGGS
Employee Payroll Number	222222
Post Title	PUPIL SUPPORT ASSISTANT
Service	ECS
Section/School/Base	LETHAM PRIMARY SCHOOL
Date Commenced in current placement	
<p>Local Government Pension Scheme (LGPS) Postponement Notice To help people save more for their retirement, all employers are now required by law to enrol workers, who meet certain criteria, into a workplace pension scheme if they are not already in one. We have, as allowed by law, postponed your automatic enrolment into our workplace pension scheme (LGPS) for 3 months. If you meet the criteria in 3 months' time you will be automatically enrolled into LGPS. You may at any time opt to join the scheme by sending a letter which has been signed by you. If sending it electronically to payroll@pkc.gov.uk please include the phrase "I confirm I personally submitted this notice to join a workplace pension scheme."</p>	
<p>Employee Declaration I hereby certify that this claim is a true and accurate record of my additional payments due in accordance with the Council's policies and procedures.</p>	
Signature	Joe Bloggs
Date	24/03/16

<p>Declaration by Authorised Signatory I hereby authorise the claimed payments overleaf which are in accordance with the Council's policies and procedures. It is the Budget Manager's responsibility to ensure that the financial coding is correct prior to authorisation. Following authorisation, this form should be sent to Payroll, North Port, Blackfriars, Perth, PH1 5LU.</p>	
Signature	
Print Name	
Job Title	
Date	

PAYROLL USE ONLY

Post Number	Element	Value	Financial Code

Input By _____ Checked By _____
 Month No _____

* Please refer to the scheduled pay periods on *eric*

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Claim Details – All unpaid breaks should be deducted from hours claimed

Date	From (hr:min)	Break Taken	To (hr:min)	Hours Claimed (hr.min)	Reason	Financial Code must always be completed
Week 1						
29/02/16	09:00	30 minutes	16:00	6hr 30mins	VACANCY	120/*****/0004
01/03/16	08:45	No Break	14:00	5hr 15mins	VACANCY	120/*****/0004
02/03/16	09:00	30 mins	16:00	6hr 30mins	COVERING SICKNESS	120/*****/0000
03/03/16	10:00	No Break	13:00	3hrs	TRAINING	120/*****/0001
04/03/16	13:00	No Break	16:00	3hrs	TRAINING	120/*****/0001
Week 2						
09/03/16	09:00	30 mins	16:00	6hrs 30min	VACANCY	120/*****/0004
11/03/16	09:00	30 mins	16:00	6hrs 30min	VACANCY	120/*****/0004
Week 3						
14/03/16	09:00	45 mins	16:12	6hrs 27mins	NURSERY COVER	120/*****/*****
18/03/16	09:00	45 mins	16:12	6hrs 27mins	NURSERY COVER	120/*****/*****
Week 4						
Week 5						

* Please refer to the scheduled pay periods on *eric*