

PERTH AND KINROSS COUNCIL

PAYMENT CLAIM FORM – SINGLE STATUS

Enter claim details overleaf

Employment Services



Use this form to claim:

- Part-Time Additional Hours
- Overtime Hours
- Sleep-Ins

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

For Period Ending*	31/01/2016
Employee Name	JOE BLOGGS
Employee Payroll Number	222222
Contracted Hours	28.80
Post Title	CLERICAL ASSISTANT
Service	HCC
Section/School/Base	PULLAR HOUSE
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.	
Signature	Joe Bloggs
Date	01/02/16

Declaration by Authorised Signatory	
I hereby authorise the claimed payments overleaf which are in accordance with the Council's policies and procedures.	
Signature	
Authoriser Name (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	Day Type (See key below)	From (hr:min)	Break Taken (hr:min)	To (hr:min)	Hours claimed (hr:min)	Reason	Financial Code (if different from post budget code)
Week 1							
04/01/16	WD	17:00	No break	19:00	2.00	SICKNESS COVER	
08/01/16	NWD	08:45	1hr 3mins	17:00	7hrs 12mins	ANNUAL BILLING	
09/01/16	RD	08:00	No break	12:00	4hrs	ANNUAL BILLING	
Week 2							
Week 3							
22/01/16	NWD	09:00	No break	12:00	3hrs	STAFF SHORTAGE	140/1111/0009
22/01/16	NWD	13:30	No break	16:00	2hrs 30mins	STAFF SHORTAGE LETHAM OFFICE	140/1111/0009
Week 4							
31/01/16	RD	08:00	No Break	14:00	6.00	YEAR END	
Week 5							

Key - Day Type

WD	Normal Working Day
NWD	Non-Working Day
RD	Rest/Free Day
PH	Public Holiday

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