PERTH AND KINROSS COUNCIL

PAYMENT CLAIM FORM - SINGLE STATUS

Enter claim details overleaf

Use this form to claim:

For Period Ending*

Employee Name

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

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

31/01/2016



Employee Payroll Number 22222 Contracted Hours 28·80 Post Title CLERICAL ASSISTANT Service H CC Section/School/Base Pullar HOUSE Employee Declaration Interby certify that this claim is a true and accurate record of my additional payment due in accordance with the Council's policies and procedures. Signature Declaration by Authorised Signatory 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 Rumber Element Value Financial Code				-00,010					
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Please refer to the scheduled pay periods on <i>eric</i>									

PERTH AND KINROSS COUNCIL

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						-	-
04/01/1			No break	19:00	2.00	SICKNESS COVER	
08/01/11			1hr 3mins		1 *	ANNUAL BILLING	
09/01/16	2 RD	08:00	No break	12:00	4hrs	ANNUAL BILLING	
Week 2							
WOOK Z	-						
	-						
-							
Week 3		T 60	10//	1.0	2	Const Con annual	1110/1111/0000
22/01/14			Nobreak		3hrs	STAFF SHORTAGE	
22/01/16	NWO	13:30	Nobrenk	16:00	THIS JUMINS	STAFF SHORTAGE LETHAM OFFICE	140/1111/0009
						LEIMAN OFFICE	
		-					
Week 4			<u> </u>	1	<u> </u>		
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Week 5		1	T		1		
					 		
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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