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| **PAYMENT CLAIM FORM – SINGLE STATUS**  **Enter claim details overleaf**    Use this form to claim:   * Part-Time Additional Hours * Overtime Hours * Sleep-Ins |

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| --- | --- |
| For Period Ending\* | Click here to enter a date. |
| Employee Name |  |
| Employee Payroll Number |  |
| Contracted Hours |  |
| Post Title |  |
| Service |  |
| Section/School/Base |  |
| **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 |  |
| Date | Click here to enter a date. |

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| **Declaration by Authorised Signatory**  **I** **hereby authorise the claimed payments overleaf which are in accordance with the Council’s policies and procedures**. **Following authorisation, completed forms must be emailed to** [**Timesheets@pkc.gov.uk**](mailto:Timesheets@pkc.gov.uk)**.** | |
| Signature |  |
| Authoriser Name  (Print Name) |  |
| Job Title |  |
| Date |  |

**PAYROLL USE ONLY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Post Number** | **Element** | **Value** | **Financial Code** |
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**Claim Details – All unpaid breaks should be deducted from hours claimed**

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| 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** |  | | | | | | |
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| **Week 2** |  | | | | | | |
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| **Week 3** |  | | | | | | |
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| **Week 4** |  | | | | | | |
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| **Week 5** |  | | | | | | |
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Key - Day Type

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