

**MONTHLY OUT OF HOURS PAYMENTS REQUEST FORM
(On-call /Call-out)**

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|---------------|-----------------------------|
| Name: | Faculty/Directorate: |
| Grade: | Employee Number: |

A. To be completed for on-call payments

| Period for which claim is made | Amount claimed |
|--|----------------|
| E.g. 18:00 to 8:00 20.01.15 – 24.01.15 26.01.15 – 27.01.15 | 5 @ £20 = £100 |
| | |

B. To be completed for call-out payments

| Date | Hours worked | Rate | Call-out Ref Number | Out of Hours Manager |
|--------------------|--------------|------|---------------------|----------------------|
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| | | | | |
| Total hours | | | | |

I certify that the hours claimed above are true and in accordance with my duties.

Signature of claimant: _____ Date: _____

Signature of line manager: _____ Date: _____

Signature of PVC/Dean /Director: _____ Date: _____

Please return this completed form to the payroll department no later than the 8th of the month for payment on the 25th.