

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

<b>Name:</b>	<b>Faculty/Directorate:</b>
<b>Grade:</b>	<b>Employee Number:</b>

**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
<b>Total hours</b>				

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 8<sup>th</sup> of the month for payment on the 25<sup>th</sup>.