**THE UNIVERSITY OF HUDDERSFIELD**

**CLAIM FORM**

**Support Staff – Unsocial Working Hours (20:00 to 06:00)**

To be used where normal working pattern has been moved to accommodate an event that day.

Not to be used to claim overtime.

|  |  |  |
| --- | --- | --- |
| **Name:** |  | **Quick Notes:*** Complete all relevant un-shaded boxes
* Make sure you sign the form
* Make sure the form is countersigned
* Detailed notes available overleaf
 |
| **Employee No:** |  |
| **School/Service** |  |
| **Job Title:** |  |
| **Forms received without the boxes above completed will be returned, this could delay payment.** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Day** | **Date** | **Time worked after 20:00****From To**  | **Total claimed****Hrs Min** | ***For office use only*** |
| Mon |  | 20:00 -  |  |
| Tue |  | 20:00 -  |  |
| Wed |  | 20:00 -  |  |
| Thu |  | 20:00 -  |  |
| Fri |  | 20:00 -  |  |
| Sat |  | 20:00 -  |  |
| Sun |  | 20:00 -  |  |
| **TOTAL** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Day** | **Date** | **Time worked after 20:00****From To**  | **Total claimed****Hrs Min** | ***For office use only*** |
| Mon |  | 20:00 -  |  |
| Tue |  | 20:00 -  |  |
| Wed |  | 20:00 -  |  |
| Thu |  | 20:00 -  |  |
| Fri |  | 20:00 -  |  |
| Sat |  | 20:00 -  |  |
| Sun |  | 20:00 -  |  |
| **TOTAL** |  |
|  |
| **Signed:** | **Date:** |
| **Authorised:** | **Date:** |
| **Name:** ***(Please Print)*** | **Ext No:** |
| **Cost Centre: *(if different from standard salary)*** |

**Claims will be paid one month in arrears and must be received in the Payroll Office by the cut off dates shown on the Human Resources web site** [**HR | Intranet | Payroll Cut Off Dates**](http://www.hud.ac.uk/hr/intranet/paydates/)**. Any claims received after this date will not be paid until the following month. Please therefore ensure that you pass them to your line manager for authorisation in plenty of time to meet this criteria.**

**Detailed notes on completion**

1. Complete the form in ink.
2. Hours worked should be entered according to the 24 hour clock:

e.g. 8 pm should be shown as 20:00 hours.
3. The reason given for the claim should be specific.
4. The claim must be countersigned by the appropriate cost centre manager/budget holder and the employee number entered before the claim is sent to the Payroll Office for checking. Failure to complete the form properly may mean that payment is delayed.
5. DO NOT FORGET TO SIGN THE DECLARATION.
6. FORMS BEARING CORRECTING FLUID WILL NOT BE ACCEPTED.
If the form needs amending cross out the incorrect entry, write the correct entry above it and initial the change.