## **UNIVERSITY OF BATH - ADDITIONAL HOURS CLAIM FORM**

## TO BE USED WHEN CLAIMING PAYMENT FOR ANY HOURS OVER YOUR CONTRACTED HOURS.



lame (block letters)											Department													
Payroll No. (see payslip)										Month														
Grade (please tick)	Grade 1-5		C	Grade 6-9				Position																
					1	1		A	gres	so Co	de ( te	be d	ompl	eted is	f addi	tional	l hour	s are	to be	recha	rged			
Date	Day of the Week	Time from	Time to	Hours worked	Time and half	Double time	Flat Rate		Account code															
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IB Please enter hours as a decimal		Total I	Hours					A	All to be completed in coloured ink to determine originality															
g 2 hour 30 min =2.50		Data Code			W042	W043	W044	A	utho	rised	times	heets	mus	t be w	ith Pa	yroll	by the	е аррі	opriat	e dea	dline			
														e/pay										
imployee signature			Department Approval				HR Authorisation #																	
				Authorised Signatory	uthorised				Authorised Signatory															
ate			Name (Block Capitals)					Name (Block Capitals)																
Please send the authorised timesheet to the Payroll Office			Date				Date																	
				Department/ School				# additional authorisation is required for Employees on Grades 6-9.																