

**ADDITIONAL PAYMENTS TIMESHEET –STAFF (SUPPORT OR ACADEMIC)**

NAME:

STAFF NO:

DEPARTMENT : COST CENTRE:

MONTH:

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| --- | --- | --- |
| REASON FOR ADDITIONAL PAYMENT | DATE(S) WORKED | HOURS PERFORMED OUTSIDE NORMAL DUTY |
| FROM | TO | HOURS |
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|  | TOTAL HOURS WORKED: |  |

1. **I CONFIRM THAT I HAVE WORKED THE HOURS AS DETILED SIGNATURE OF EMPLOYEE**
2. **I CERIFY THAT THE HOURS WORKED ABOVE ARE CORRECT SIGNATURE OF BUDGET HOLDER**
3. **NAME OF AUTHORISED OFFICER (Please print name of Budget Holder)**

 DATE

1. **PLEASE INSERT AGREED RATE OF PAY IF OTHER THAN THEIR CURRENT HOURLY**

RATE