**NHS GREATER GLASGOW AND CLYDE**

**CLAIM FORM FOR ADDITONAL AD-HOC HOURS WORKED**

**CAREER GRADE MEDICAL AND DENTAL STAFF (ONLY) COVID 19**

As a result of staff being required to work flexibly and beyond the agreed Job Planned activities, this form should be use to claim for additional hours worked on an ad-hoc basis.  **ALL** Sections of form must be completed otherwise claims cannot be processed. When agreed by your CD the form should be emailed to your General Manager.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Claimants Name: (Print) | | | | | Specialty: | | |
| Base Hospital: | | | | | Staff Pay No (from Payslip) | | |
| **DAY** | **DATE** | **TIME** | | **TOTAL HOURS WORKED** | **DESCRIPTION OF DCC WORKED ( brief description of activity undertaken)** | OFFICE USE ONLY | |
|  |  | From | To |  |  | Total core | Total premium |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Total to be paid |  |  |  |  |  |  |  |

I confirm this claim is an accurate record of the hours worked.

I wish to be paid for the above hours

I wish to take the above hours as TOIL

|  |  |
| --- | --- |
| Claimant’s Signature: | Date: |

Agreed with:

|  |  |  |
| --- | --- | --- |
| Name: (Clinical Director) | Signed: | Date: |

Approved By:

|  |  |  |
| --- | --- | --- |
| Name: (General Manager) | Signed: | Date: |

**Where payment has been authorised (non TOIL Claims) please send this form to the Payroll Department, Caledonia House, 140 Fifty Pitches Road, Cardonald, G51 4EB.**