

Extra Payments Form for Grades 6 and above



This form should only be completed when a member of staff works any extra hours in their substantive role. This would not normally be applicable for full time staff.

<u>Personal Details</u>	
Full name: _____	Staff number: _____
Department: _____	Position title: _____

Tick here if the work is Teaching and/or Research related <input type="checkbox"/> Additional (SOC231)					
Date(s) worked	Grade	Spinal point	Hours worked	Details of significant work undertaken	Amount
Total					£

Please ensure a valid cost code, account number and project code are supplied.

Cost Code	Account Number	Project Code

Checked in department by:

Print name here: _____ Signature: _____

Date: _____

Authorised signatory:

Print name here: _____ Signature: _____

Date: _____