COLCHESTER INSTITUTE

Green Sheet

**SALARY CLAIM FORM FOR HOURLY PAID BUSINESS SUPPORT STAFF**

## FOR THE MONTH OF

***Please See Overleaf For Guidance Notes***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | **POST: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **LOCATION/AREA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Payroll No.** |  |  |  |  | **(Your 4 digit payroll number can be found on your payslip and in SelectHR)** | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DAY | Week commencing | | Week commencing | | Week commencing | | Week commencing | |
|  | Class Times Worked | No of Hrs. | Class Times Worked | No of Hrs. | Class Times Worked | No of Hrs. | Class Times Worked | No of Hrs. |
| MON |  |  |  |  |  |  |  |  |
| TUE |  |  |  |  |  |  |  |  |
| WED |  |  |  |  |  |  |  |  |
| THU |  |  |  |  |  |  |  |  |
| FRI |  |  |  |  |  |  |  |  |
| SAT |  |  |  |  |  |  |  |  |
| WEEKLY HOURS |  |  |  |  |  |  |  |  |

I confirm that I have worked the hours above and claim payment for a total I confirm that I have authorised the claimant to work these hours and

that they have been worked

of \_\_\_\_\_\_\_ hours \_\_\_\_\_\_\_ minutes accordingly.

Authorised for Payment - Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (CMG Manager/Budget Holder) (Claimant) Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_ Cost Code \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ 0140

**GUIDANCE NOTES**

* To avoid delays in payment please ensure all details are fully recorded, including ‘week commencing’ dates
* Claims with differing budget details should be submitted on separate claim forms
* Claims should only be made for hours worked. Sickness should be claim on the ‘Sickness Claim Form for Hourly Paid Staff’

|  |  |  |  |
| --- | --- | --- | --- |
| **Period of claim** | **Deadline for claim to reach Area Head for authorisation** | **Deadline for authorised claim to reach Human Resources** | **Payment date** |
| 01 July 2019 – 28 July 2019 | 30 July 2019 | 01 August 2019 | 23 August 2019 |
| 29 July 2019 – 1 September 2019 | 03 September 2019 | 05 September 2019 | 26 September 2019 |
| 02 September 2019 – 29 September 2019 | 01 October 2019 | 03 October 2019 | 25 October 2019 |
| 30 September 2019 – 27 October 2019 | 29 October 2019 | 31 October 2019 | 26 November 2019 |
| 28 October 2019 – 24 November 2019 | 26 November 2019 | 28 November 2019 | 19 December 2019 |
| 25 November 2019 – 29 December 2019 | 31 December 2019 | 02 January 2020 | 24 January 2020 |
| 30 December 2019 – 26 January 2020 | 28 January 2020 | 30 January 2020 | 26 February 2020 |
| 27 January 2020 – 01 March 2020 | 03 March 2020 | 05 March 2020 | 26 March 2020 |
| 02 March 2020 – 29 March 2020 | 31 March 2020 | 02 April 2020 | 24 April 2020 |
| 30 March 2020 – 26 April 2020 | 28 April 2020 | 30 April 2020 | 26 May 2020 |
| 27 April 2020 – 31 May 2020 | 02 June 2020 | 04 June 2020 | 26 June 2020 |
| 01 June 2020 – 28 June 2020 | 30 June 2020 | 02 July 2020 | 24 July 2020 |
| 29 June 2020 – 02 August 2020 | 04 August 2020 | 06 August 2020 | 26 August 2020 |
| 03 August 2020 – 30 August 2020 | 01 September 2020 | 03 September 2020 | 25 September 2020 |
| 31 August 2020 – 27 September 2020 | 29 September 2020 | 01 October 2020 | 26 October 2020 |
| 28 September 2020 – 01 November 2020 | 03 November 2020 | 05 November 2020 | 26 November 2020 |