



MMU STAFF CLAIM FORM FOR APPROVED ADDITIONAL WORK



Please complete the shaded areas of the form.

Claimant: Please print clearly in Block Capitals

Surname:
First Names:
MMU ID:
Department:
E-mail:
If you have more than one contract with the University, please state which contract this claim should be applied to:
Your Head of Department's Name:

Description of work undertaken:		
Name of unit of delivery		
Programme and level		
Total hours claimed for delivery		
Date(s) of Work	Details of amount claimed	Hours
		Total

I certify that the above payment for which I claim has been approved as additional to carrying out my official duties. I have completed the form and signed below.
I understand that payment will be made net of any statutory deductions that are due.

Signature of Claimant:		Date	
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Head of Department to complete

I confirm that these hours claimed are in compliance with the University's Policy on Additional Hours

Signature of Head of Department:	Print Name	Date	
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Signature of Budget Holder (if different):	Print Name	Date	
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Cost Centre / Project code to where the expenditure should be charged:	
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For Payroll Use only

Description	Wage Type	Hours
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