

ADDITIONAL PAYMENT REQUEST FORM FOR EXISTING EMPLOYEES
To be completed by the Line Manager

NAME..... PAYROLL NO.
DEPT..... HOURLY RATE.....

The proposal is to be discussed by Line Manager with appropriate VP for authorisation, determined by mission. Where the role has split responsibilities, each VP must authorise.

DATE	HOURS	£

Reason for additional payment:

What is the effect of this change on departmental budget? – Is there a cost saving or increase to budget?

For VPs / HoDs - If approval is refused, or alternatives proposed, please complete and return to the Line Manager

Cost Code details	1		%	RVP	
	2		%	RVP	
	3		%	RVP	

Authorised by (Full name, printed) Line Manager		Date
Authorised by (Full name, printed) Head of Department		Date
Authorised by Finance		Date
Authorised by (Full name, printed) Vice Principal		Date
Authorised by (Full name, printed) If position split 2 nd Vice Principal		Date

Payroll Data Input & Date	Payroll Data & Input Checked by & Date
--------------------------------------	---