

**Occasional Worker Pay Claim Form**

**Overseas Bank Account Only**

**By signing and returning the form you agree and acknowledge the following:**

1. This claim form is for individuals with an **Overseas Bank Account**. If you only have an UK bank account, please complete the *Occasional Worker Claim Form*.
2. Occasional Workers are permitted to work a maximum of 140 hours only in any one tax year.
3. Full ***Right to work*** checks, including appropriate visas checks must be in place and a verified copy sent to payroll for the confidential worker file to enable payment to be made. Visa documentation must be provided from overseas workers for every visit to the UK. Please note any missing documentation will delay payment.
4. All workers from overseas without a UK passport will require a visa to work in the UK, normally the *permitted paid engagement (PPE) visiting visa*. Workers using the PPE visa may not stay in the UK for any longer than one month at a time.
5. Overseas workers may not work more than 30 days in the UK in total in **any one tax year**.
6. Please do not use this form to claim any type of expenses. Please submit a separate expenses claim to the Finance department.
7. Students must not work more than 20 hours in any one week (or the maximum denoted on any visas) during term time.
8. Failure to complete the form fully may result in delayed payment

**Please denote your occasional worker type:**

Academic  Examiner  Invigilator  Professional  Student  Other, Pls specify:

**Please denote your Passport classification:**

United Kingdom  Overseas

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **PERSONAL INFORMATION – ALL Fields in section 1 to be completed by the claimant** | | | | | | | | | | | | | | |
| Payroll No.  (If Known) |  | Date of Birth |  | | | | | | | | | | | |
| Surname |  | Gender |  | | | | | | | | | | | |
| 1st Name |  | NI Number |  | | | | | | | | | | | |
| Title | Miss  Mrs  Ms  Mr  Dr  Professor  other – pls state: | | | | | | | | | | | | | |
| Address line 1 |  | **Bank Details:** | | | | | | | | | | | | |
| Address Line 2 |  | Bank Branch |  | | | | | | | | | | | |
| Address Line 3 |  | Bank Sort Code |  | |  | |  | |  | |  | |  | |
| Address Line 4 |  | Bank Account |  |  | |  |  |  | |  |  |  | |  |
| Post/Zip Code |  | Swift Code |  | | | | | | | | | | | |
| Country |  | IBAN NO |  | | | | | | | | | | | |
| Name of Emergency Contact (EC) |  | EC Relationship  to you |  | | | | | | | | | | | |
| EC Address |  | EC Tel No. with dialling code |  | | | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Work Details** | | | |
| Job Title/role |  | | |
| Department |  | Line Manager |  |
| Brief description of Occasional Role being Undertaken |  | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Claim Details – claimant to complete in full – Payment**   Payment will be made in arrears, in the next payroll, subject to all the engagement documentation being in place/up to date. Please complete one form to cover a calendar month and denote the weeks of the month. Forms must be submitted within one month of having undertaken the work. Payment may not be made for forms submitted outside the time-limits. Students may only work/claim a maximum of up to 20 hours per week during term-time, please note that any claims in excess of these hours won’t be paid. Any students with a T4 visa found to be working in excess of 20 hours per week during term time will be in breach of their visa and face removal from the RVC and deportation. | | | | | | | | | |
| Calendar Month | | |  | | Year | |  | | |
|  | | | | | | | | | |
| Date  Pls detail week commencing | | | Date of work | Location of where the work was delivered | Authorised  Rate Per  Hour/ day/  week | | | Hours Worked | Payment  Value (£) |
| *Example.* | *07/Feb/2022* | | *Tue 8 February* | *UK*  *Overseas* | *£ 30* | | | *2* | *£60* |
| *WK Com* |  | |  | UK  Overseas |  | | |  |  |
| *WK Com* |  | |  | UK  Overseas |  | | |  |  |
| *WK Com* |  | |  | UK  Overseas |  | | |  |  |
| *WK Com* |  | |  | UK  Overseas |  | | |  |  |
| *WK Com* |  | |  | UK  Overseas |  | | |  |  |
| *TOTALS* | | | | | | | |  |  |
| *I declare the information I have provided on this claim form is correct. I understand formal action will be taken if I give false information.* | | | | | | | | | |
| Claimant Signature | |  | | | | Date | |  | |

Please note that if you are an entitled worker under the government’s auto enrolment legislation, you have the right to opt into an occupational pension scheme. If you do wish to opt into a pension scheme, please contact the Payroll Department for further information.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **AUTHORISATION –** For Budget Holder to complete in full | | | | | | |
| **Cost Code Details** | **1** |  | **%** |  |  |  |
| **2** |  | **%** |  |  |  |
| **3** |  | **%** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| I confirm that a Right To Work check has been undertaken and the documents forwarded to payroll for confidential retention and future audit inspection | | | |
| Manager’s Signature |  | | |
| Full Name Printed |  | Date |  |
| Manager’s Job Title |  | | |

**Note for managers**:

Prior to signing this Claim, please ensure you are an authorised signatory registered with the Finance Department at Camden.

**Department Administrators - Please send fully completed and signed forms to payroll.** [payroll@rvc.ac.uk](mailto:payroll@rvc.ac.uk) (or Finance, for “suppliers NOT PAID THROUGH THE PAYROLL”)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **FOR OFFICE USE ONLY** | | | | | |
| Date input/by |  | Data Checked/by |  | Month |  |
| Document Checks | | | | | |
| **Payroll No:** | | Worker File | | Engagement Letter | |
| **Passport** | | Visa | |  | |