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.

Personal Details

Full name:_____ Staff number:_____

Department:_____ Position title:_____

Tick here if the work is Teaching and/or Research related ☐ Additional (SOC231)

Date(s) worked	Grade	Spinal point	Hours worked	Details of significant work undertaken	Amount
				Total	£

Please ensure all sections of the below costing table are completed in full.

Cost Centre						Sub Project										Job Family			Grade			
												-										

Checked in department by:

Print name here:_____ Signature:_____

Date:_____

Authorised signatory:

Print name here:_____ Signature:_____

Date:_____