

To be completed by the Employee and Manager.

If this form is received by Workforce Information after the 6th of the month then the employee will miss the normal BACS monthly payroll run.

Version 1.1 – 5/11/2014 – CCG/VPS

HR30 – Excess Mileage Agreement

All information will be logged and audited within the organisation. This form should be fully completed. Incomplete forms cannot be actioned and will be returned to the requester. The requester must be a registered authorised signatory. This form must be received from the registered email address in order to be processed.

| 1. About the assessor | | | |
|-----------------------|--|-------------|--|
| Organisation | Select | | |
| Assignment Number | It is essential that this number is provided. It can be found on either the employees wage slip or the monthly budget report | | |
| Surname | | Forename(s) | |
| Title | Select... | Job Title | |

| 2. About the agreement | | | |
|------------------------------|-----------|---|----------|
| Starting from | dd-mm-yy | Ending on | dd-mm-yy |
| Home Address | | | |
| Old Base Address | | | |
| Old Home to Work (mileage) | Miles | Old Work to Home (mileage) | Miles |
| Method of travel | Choose... | | |
| New Base Address | | | |
| New Home to Work (mileage) | Miles | New Work to Home (mileage) | Miles |
| Method of travel | Choose... | | |
| Daily Return Mileage allowed | Miles | If travel is by bus or train – cost allowed | £ |

| 3. Employee Declaration | |
|--|------|
| <i>I understand that:</i> | |
| <p>1) <i>Excess travel costs may be claimed (at public transport rate where a private car is used) in the circumstances set out in paragraph 17.27 of the Agenda For Change NHS Terms and Conditions Handbook. Reimbursement may only be claimed where additional costs are actually incurred.</i></p> <p>2) <i>Entitlement will be determined on the basis of the information set out in this form.</i></p> | |
| <i>I confirm that the above details are correct and that I intend to claim excess travel costs. I undertake to notify the organisation of any change in my home address.</i> | |
| Employee Signature | Date |

| 4. Managers Declaration | |
|---|--------------------------|
| I declare that the details are true and accurate to the best of my knowledge and I authorise excess mileage to be claimed as stated in section 2. of this form. | <input type="checkbox"/> |
| Managers Name | |
| Managers Signature | Date |

5. WORKFORCE INFORMATION ONLY

| | | | |
|------------------------------------|--|-------------|--|
| Excess Database Updated by: | | Date | |
|------------------------------------|--|-------------|--|

Once complete, it should be printed and signed and returned to the Workforce Transactional Team

Scan a PDF file copy and email to: yhcs.payroll@nhs.net

Please ensure subject field of email includes: VPDxxx, Assignment Number, Employee name, Form HR30

Or send the original in the post to:
Workforce Transactional Team
Yorkshire & Humber Commissioning Support
Health House
Grange Park Lane,
Willerby
HU10 6DT