

On completion, this form needs to be authorised by the manager and then sent directly to McKesson for payment. A copy should be retained in case of any issues arising.



MONTH		YEAR	
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CONTRACTED HOURS	
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<p align="center"><b>THE MANAGER</b></p> <p><i>I am an authorised signatory for my department. I am signing below to declare that the information that I have authorised is accurate. I understand that if I authorise false information on this form actions may be taken against me</i></p> <p><b>SIGNED</b> _____</p> <p><b>DATE</b> _____</p> <p><b>PRINT NAME</b> _____</p>	
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(Column 4)														
WEEK ENDING	ON CALL				STAND BY				WORK DONE		SLEEP IN			
	WEEK	SAT	SUN	BH	WEEK	SAT	SUN	BH	T 1/2	DT	WEEK	SAT	SUN	BH
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0

# HR8 SALARY CLAIM FORM

V1.1 - 6/11/2014 - CCG/VPS

If this form is received by VPS after the 5th of the month then the employee will miss the normal BACS monthly payroll run.

On completion, this form needs to be authorised by the manager and then sent directly to Victoria Pay Services for payment - see guidance notes. A copy should be retained in case of any issues arising.



Yorkshire and Humber  
Commissioning Support

MONTH		YEAR	
CCG	*** Please Select ***	DEPARTMENT	
SURNAME		JOB TITLE	
FORENAMES		CONTRACTED HOURS	
ASSIGNMENT NO		GP Appraisers Only - Temp Hourly Rate to be Paid: £	

	(Column 1)				(Column 2)	(Column 3)				
	ENHANCEMENTS				PART TIME	OVERTIME				
DATE	SATURDAY	SUNDAY	WEEKDAY NIGHT	BANK HOLIDAY	EXCESS HOURS	WEEK DAY	SATURDAY	SUNDAY	BANK HOLIDAY	REST DAY
TOTALS	0	0	0	0	0	0	0	0	0	0
PAYMENT TYPE	SATURDAY ENHANCE	SUNDAY ENHANCE	NIGHT ENHANCE	BANK HOL ENHANCE	EXCESS HOURS	WEEK DAY OT	SATURDAY OT	SUNDAY OT	BANK HOL OT	REST DAY OT

(Column 4)														
WEEK ENDING	ON CALL				STAND BY				WORK DONE		SLEEP IN			
	WEEK	SAT	SUN	BH	WEEK	SAT	SUN	BH	T 1/2	DT	WEEK	SAT	SUN	BH
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0

**THE EMPLOYEE**  
I declare that the information I have given on this form is correct and complete. I understand that if I provide false information I may be liable for disciplinary, prosecution and civil recovery proceedings. I consent to the information on this form being used for the purposes of the prevention, detection and investigation of fraud

Email: \_\_\_\_\_

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_

**THE MANAGER**  
I am an authorised signatory for my department. I am signing below to declare that the information that I have authorised is accurate. I understand that if I authorise false information on this form actions may be taken against me

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

# HR8 Salary Claim Form Guidance

## Form Processing Criteria

Please email scanned PDF file copy of Travel Claim Forms to VPS: [sht-tr.CCGworkflownotifications@nhs.net](mailto:sht-tr.CCGworkflownotifications@nhs.net) Please ensure subject field of email includes: VPDxxx, Assignment Number, Employee name, Form HR8

Postal Address: Victoria Pay Services  
Coleridge House,  
Northern General Hospital  
Herries Road  
Sheffield, S5 7AU  
REF: VPDxxx

Please ensure that you enter your correct assignment number on any claims (this can be found on your payslip) as failure to do so may result in your claim form being returned to you.

VPS will apply the following criteria when checking forms before input. If the complete form doesn't comply it will be returned to you or your manager. If it's returned then the earliest payment for the hours claimed will be the following month

- **Your assignment number must be entered on the form**
- **All columns should be totalled**
- **Month and Year should be completed in full**
- **Must be signed by the employee**
- **Must be signed by the manager**
- **No correction fluids should be used. Any amendments should be made by neatly crossing out the error and correcting.**
- **Any corrections should be INITIALLED by the manager**
- **Forms should be submitted in line with local cut offs**

## Column 1 - Enhancements

Most hours will be claimed in **Column 1**

**Saturday** – enter all hours worked on a Saturday (midnight to midnight)

**Sunday** – enter all hours worked on a Sunday (midnight to midnight)

**Week Day Nights** – enter all hours worked on a weekday night (8pm to 6am)

### Column 2 - Excess Hours (Part Time Staff)

If you are a part time worker and you work hours above your contracted hours (up to 37.5 hours), claim for those hours in this column. If the total hours worked exceed 37.5 then the hours over 37.5 should be claimed in Column 3 as appropriate

### Column 3 - Overtime

This column should be completed for hours worked over 37.5 on an overtime basis

**Week Ending** - Enter overtime worked on a weekday

**Saturday** - Enter overtime worked on a Saturday

**Sunday** - Enter overtime worked on a Sunday

**Bank Holiday** - Enter overtime worked on a Bank Holiday

**Rest Day** - **DO NOT ENTER ANYTHING IN THIS COLUMN**

### Column 4 - On Call, Emergency Work and Sleep In

This column should be completed if claiming for On Call sessions, Work Done whilst on call and Sleep Ins

**Weekday** - *Enter the last day of the week in which you are claiming*

**On Call** -

**Week** - *Enter on call sessions completed in the week*

**Saturday** - *Enter on call sessions completed on the Saturday*

**Sunday** - *Enter on call sessions completed on the Sunday*

**BH** - *Enter on call sessions completed on a Bank Holiday*

**Standby -**

**Week - Enter standby sessions completed in the week**

**Saturday - Enter standby sessions completed on the Saturday**

**Sunday - Enter standby sessions completed on the Sunday**

**BH - Enter standby sessions completed on a Bank Holiday**

**Work Done - T 1/2 (Time and a Half)**

Enter the number of hours to be paid at Time and a Half (All hours that are worked as a result of being called in whilst on call)

**Work Done - DT (Double Time)**

Enter the number of hours to be paid at Double Time (All hours that are worked as a result of being called in whilst on call)

**Sleep Ins**

**Week - Enter Sleep Ins completed in the week**

**Saturday - Enter Sleep Ins completed on the Saturday**

**Sunday - Enter Sleep Ins completed on the Sunday**

**BH - Enter standby sessions completed on a Bank Holiday**

**Other Information**

Please ensure that all details are completed before submitting the form to your manager. Failure to do so could result in delays in payment

**Month of** – enter the month the hours were worked in full format e.g. January

**Year** – enter the year in the format YYYY e.g. 2010

**Assignment No** – you will find this on your wage slip. Assignment number will always start with your employee number. If you have multiple posts within the organisation, your assignment number for each post will be different. Assignment numbers are in the form employee number-number e.g. 01234567-2

**Department**– This should be as it appears on your wage slip.

**Job Title** – This should be as it appears on your wage slip.

**Contracted Hours**– The number of hours that you are contracted to work for this assignment

**Always consult the Intranet for the most up to date guidance documents**