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| **Section A: CLAIMANT DETAILS** | | | | | | | | | | | | | | | |
| **Full name of claimant** |  | | | | | | | | **Month ending & Year** | | | | |  | |
| **Payroll reference number** |  | |  |  | --- |  |  | |  | |  |  | |  |  |
| **Job title** |  | | | | | | | | | | | | | | |
| **Establishment** |  | | | | | | | | | | | | | | |
| **Section B: DETAILS OF HOURS WORKED** | | | | | | | | | | | | | | | |
| **PLEASE ENSURE THAT ON EACH LINE ON THE FORM WHERE HOURS HAVE BEEN CLAIMED, THE ‘REASON’ COLUMN SHOULD BE COMPLETED WITH EITHER ‘N’ (FOR NON SICKNESS ABSENCE COVER) OR ‘S’ (WHERE THE HOURS WORKED WERE TO COVER SICKNESS ABSENCE).** | | | | | | | | | | | | | | | |
| **Day & Date** | | **Hours From - To** | | | **Actual hours worked** | | | **Reason for cover** | | **Approved by (signature of line manager)** | | | **Approved by (print name of line manager)** | | |
| **Week 1** | | | | | | | | | | | | | | | |
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| **Total Hours worked Non Sickness Absence:** | | | | |  | | |  | | | | | | | |
| **Total Hours Worked for Sickness Absence:** | | | | |  | | |  | | | | | | | |
| **Week 2** | | | | | | | | | | | | | | | |
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| **Total Hours worked Non Sickness Absence:** | | | | |  | | |  | | | | | | | |
| **Total Hours Worked for Sickness Absence:** | | | | |  | | |  | | | | | | | |
| **Week 3** | | | | | | | | | | | | | | | |
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| **Total Hours worked Non Sickness Absence:** | | | | |  | | |  | | | | | | | |
| **Total Hours Worked for Sickness Absence:** | | | | |  | | |  | | | | | | | |
| **Week 4** | | | | | | | | | | | | | | | |
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| **Total Hours worked Non Sickness Absence:** | | | | |  | | |  | | | | | | | |
| **Total Hours Worked for Sickness Absence:** | | | | |  | | |  | | | | | | | |
| **Week 5** | | | | | | | | | | | | | | | |
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| **Total Hours worked Non Sickness Absence:** | | | | |  | | |  | | | | | | | |
| **Total Hours Worked for Sickness Absence:** | | | | |  | | |  | | | | | | | |

# PLEASE COMPLETE REQUIRED DETAILS OVERLEAF TO ENABLE PAYMENT TO BE MADE

|  |  |  |  |  |  |  |  |  |  |  |  |
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| **Establishment financial code** |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Total Non Sickness Hours Worked In Month** |  |  |
| **Total Sickness Hours Worked in Month** |  |  |

## I confirm that the actual hours were worked by me and approved by the appropriate officer above.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of Claimant:** |  | **Date:** |  |

I confirm that the actual hours were worked by the above named individual.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of Authorising Manager:** |  | **Date:** |  |

**The information collected on this form is recorded both manually and on computer, stored securely and processed for the purposes of maintaining accurate employee records. Aberdeen City Council will process this information fairly and lawfully and in accordance with the principles of the Data Protection Act 1998**.

### Guidance on completing form:

Hours worked should be approved by the individual’s line manager when they are worked and this form should be authorised by someone on the authorised signatory list for that establishment.

### Example

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Day & Date** | **Hours From - To** | **Actual**  **hours worked** | **Reason**  **for cover** | **Approved by (signature of**  **line manager)** | **Approved by**  **(print name of line manager)** |
| **Week 1 commencing 11/07/2011** | | | | | |
| MONDAY 11TH JULY | 1800- 2100 | 3.00 | N |  |  |
| WEDNESDAY 13TH JULY | 1900- 2130 | 2.50 | S |  |  |
|  |  |  |  |  |  |
| **Total Hours worked Non Sickness** | | 3.00 |  | | |
| **Total Hours Worked for Sickness** | | 2.50 |  | | |

All time should be stated in hours and decimal e.g. 7 hours and 30 minutes should be recorded as 7.5 hours.

|  |  |  |  |
| --- | --- | --- | --- |
| Minutes | Decimal | Minutes | Decimal |
| 5 | 0.08 | 24 | 0.4 |
| 10 | 0.17 | 30 | 0.5 |
| 15 | 0.25 | 45 | 0.75 |

If you work in different establishments in a month, and/or work under different job titles, you need to complete a separate monthly timesheet for each establishment and/or job title.

A separate claim form should be used for each calendar month e.g. a claim form for month ending 31 October should only claim for hours worked from 01 – 31 October.

Please note that in the event of any overpayment being made the Council reserves the right to recoup from you, in a reasonable manner, the amount overpaid.

As per the European Working Time Directive, you are not permitted to undertake more than an average of 48 hours per week over 17 weeks. If you work in excess of 6 hours at any one time you are required to have a rest period of a minimum of 20 minutes (unpaid). You should have a minimum of 11 hours rest between each working day and should not work more than 6 days in every 7, or 12 days in every 14.

Casual workers should not work for more than 4 weeks without a break of 7 days (one calendar week). All hours worked, including evenings, nights and weekends are paid at plain time.

### The authorised form must be submitted to Payroll by the 5th of the month. If received after this date it will not be processed until the following month.