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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 N or S** | | **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** |  |  |  |  |  |  |  |  |  |  |  |

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| **Section C: MONTHLY TOTALS** | | | | | | |
|  | **Hours to be paid at plain time** | **Hours worked on a public holiday** | | **Hours to be paid at a third** | **Hours to be paid at 40%** | **Hours to be paid at time and a half** |
| **Paid at double time (plus time in lieu)** | **Paid at treble time (no time in lieu)** |
| Non Sickness Absence Hours |  |  |  |  |  |  |
| Sickness Absence Hours |  |  |  |  |  |  |

**THE TOTAL ACTUAL HOURS WORKED IN MONTH MUST BE TRANSFERRED TO THE ALLOCATION BOXES BELOW (SPLIT BETWEEN NON SICKNESS AND SICKNESS ABSENCE HOURS) TO ALLOW PAYMENT TO BE CALCULATED.**

**ALL HOURS CLAIMED, SHOULD ONLY BE INCLUDED IN ONE OF THE TWO BOXES ABOVE.**

## I confirm that the actual hours were worked by me and approved by the appropriate officer above. The hours worked have been claimed at the correct rate.

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

I confirm that the actual hours were worked by the above named individual. The hours worked have been claimed at the correct rate.

|  |  |  |  |
| --- | --- | --- | --- |
| **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** | **Rate to be paid** |
| **All hours worked from 7am – 8pm during the week, not on a public holiday** | **Plain time** |
| **All hours worked on a public holiday** | **Double time (plus time in lieu) or treble time (no time in lieu)** |
| **All hours worked from 8pm – 7am during the week** | **Time plus a third** |
| **All hours worked on a Saturday and Sunday** | **Time plus 40%** |
| **All hours worked over 37 hours per week** | **Time and a half** |

## 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 N or S** | **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 Absence:** | | 3.00 |  | | |
| **Total Hours worked; for Sickness Absence:** | | 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 should not work 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.

**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.**