

REQUEST FOR ADDITIONAL PAYMENT TO SALARIED MEMBERS OF STAFF PAID ON THE 24th OF EACH MONTH

This form is to be used for requesting additional payments to members of staff via the University Payroll. The Employee Number must be included before returning to your department. **To Be sumitted via Ask HR Ticket** and received by the payroll department before the cut off date. For Details of the cut off dates please see https://warwick.ac.uk/services/humanresources/internal/a-z/hrpayrollcutoffdates

Full Name		Em	ployee I	No.						
Fe	or additional payme	ents, please u	se the boxes belov	w and inc	lude De	scription	on of payment			
Payme	ent description									
			Amount	£						
Hourly pay rate*: £			Cost code							
mounty pay race.			(8 Characters)							
			Project code							
Hours worked*:			(12 Characters)							
			Internal Order							
Description*						Pa	ayroll Wage Type	\prod		
			For lump sum am				-			
	department and the University, I have checked the calculation of this lump sum and ensured that									
			it meets at least the relevant National Minimum/Living Wage rate (see							
			https://www.gov.uk/r			-		-		
			serious possible conse					v.gov.uk/	/natio	nal-
*Please note: HR asks for this i			minimum-wage/empl	oyers-and-	the-minim	ium-wage	e).			
person will receive at least the			Name and take The	1						
If you do not provide these det	· · ·	•	Name and Job Tit	ile:						
member of the department sig			Signature:							
that they having taken respons		ce.	Jigilature.							
Paymo	ent description		Amount							
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Description*						Po	ayroll Wage Type			
			For lump sum am	ounts or	ly (not	recomn	nended): I confirm t	that, on l	behalf	of my
			department and the U				-			
			it meets at least the re	elevant Nat	ional Mini	mum/Liv	ing Wage rate (see			
			https://www.gov.uk/r	national-mi	nimum-wa	age-rates) excluding holiday pa	ay. I und	erstan	d the
			serious possible conse	quences of	non-com	pliance (s	et out at https://wwv	v.gov.uk,	/natio	nal-
*Please note: HR asks for this i	information so that we ca	an check that the	minimum-wage/empl	oyers-and-t	the-minim	ium-wage	e).			
person will receive at least the										
If you do not provide these det	tails, we will not pay a lur	mp sum unless a	Name and Job Tit	le:						
member of the department sign up to the statement below to confirm										
that they having taken respons	sibility for NLW complian	ce.	Signature:							
Authorisation - Budget Hold	der	Print Name				Te	elephone ext.	Da	te	
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Authorization Figure 1	dua in intunt a "	Daint None					lankana sist	_		
Authorisation - Financial Ac		Print Name	Decide			16	elephone ext.	Da	te	_
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Adhoc Teaching (non-pens)	3110			Tutors- Ho			3704			\dashv
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Holiday Pay Lump Sum	3330			Narking (no	n-pens)		3490			-

Overtime @ 1.0T M

Overtime @ 1.5T M

Overtime @ 2.0T M

Staff Privacy Notice:

Internal Examiner - Holid

Intnl Examnr (non-pens)

Internal Examiner

Lecture Fee

As a member of staff, we ask that you read our updated Staff Privacy Notice carefully as it contains important information on how and why we collect, store, use and share your personal data, your rights in relation to your personal data and who to contact in the event that you have a query or complaint

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