



ADDITIONAL PAYMENT REQUEST FORM FOR EXISTING EMPLOYEES
To be completed by the Line Manager

NAME..... PAYROLL NO.

DEPT..... HOURLY RATE.....

The proposal is to be discussed by Line Manager with appropriate VP for authorisation, determined by mission. Where the role has split responsibilities, each VP must authorise.

DATE	HOURS	£

Reason for additional payment:

What is the effect of this change on departmental budget? – Is there a cost saving or increase to budget?

3		%	RVP	
Authorised by (Full name, printed) Line Manager				Date
Authorised by (Full name, printed) Head of Department				Date
Authorised by Finance				Date
Authorised by (Full name, printed) Vice Principal				Date
Authorised by (Full name, printed) If position split 2 nd Vice Principal				Date
Payroll Data Input & Date			Payroll Data & Input Checked by & Date	