

FORM 8
(Additional Payment request for
staff already on Payroll: Acad/Res)



Date

To: Human Resources

From: School/Department

Please arrange for payment for work which is over and above the normal requirements of the post, to be made as detailed below:-

Name: **School/Department:**

Description of work undertaken:

Date(s) and Duration:

Rate of Payment:

**Total Payments
To be Made:**

Charge to Account Number

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Authorised by:

1. **Executive Dean/Head of Department** NAME:
SIGNATURE: DATE:
2. **Authorised Signatory** NAME:
For account funding payment SIGNATURE: DATE:
3. **Executive Dean/Head of Department** NAME:
(in which extra duties undertaken SIGNATURE: DATE:
if different from 1. above)

FOR HR USE ONLY

To: Payroll Officer (cc to *Internal Auditor/Personal File/HR Master File*)

Please make the payment as detailed above.

Signature: Date: