**RETROSPECTIVE CLAIM FOR A PAYMENT ON A LOCUM BASIS – DOCTORS IN TRAINING**

TO CLAIMENT:

This claim form is to allow junior medical staff to claim payments for duties performed on a locum basis with their own employing authority.

**IF THIS FORM IS NOT COMPLETED IN FULL IT WILL BE RETURNED WHICH WILL DELAY PAYMENT**

PERSONAL DETAILS (CAPITALS):

|  |  |
| --- | --- |
| SURNAME: | FORENAMES: |
| GRADE: | PAYROLL NUMBER: |

PLEASE SPECIFY LOCALITY AND SPECIALITY FOR OUT OF HOURS COVER (please note failure to comply will prevent payment):

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Cost Centre for on-call shift covered:

CLAIM FOR PAYMENTS: Rate of Pay:

Please enter details of hours to be claimed:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATE WORKED** | **TIME FROM** | **TIME FINISHED** | **TOTAL HOURS** | **Reason for Covering**  (sickness, vacant or gap) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **TOTAL** |  |  |  |  |

I confirm that I have undertaken these duties in excess of my contracted hours.

|  |  |
| --- | --- |
| Claimant Signature: | Date: |
| Authorised by Consultant or Clinical Director: | |
| Signature: | Date: |
| PRINT NAME: | |

**Please submit form by 24th each month (for payment on the following month) to: *Rota Co-ordinators name inserted here***

Submit approved forms to [**elft.medical.staffing@nhs.net**](mailto:elft.medical.staffing@nhs.net)by no later than 26th of each month