

**RETROSPECTIVE CLAIM FOR A PAYMENT ON A LOCUM BASIS**

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:  |
| WORK BASE:  |  |

CLAIM FOR PAYMENTS: Crisis Hub Winter Pressure Cover Locum Shifts Please enter details of hours to be claimed:

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

**Once completed and approved please send this form to: elft.medical.staffing@nhs.net**

**Medical Staffing Department received and processed:**

**Signature: Date:**

**Medical Staffing Team Rate: per hour**