

## 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. This form must be received in the payroll department before the monthly cut off date as detailed at: http://www2.warwick.ac.uk/services/humanresources/internal/payroll/info/

Full Name						Employee No.										
Distance Learning Authorship			Amount	£												
payments only		c	ost / Project code													
Please note that meets all of the	ductions of tax and nat	iona	il ins	suranc	e un	ess t	he	individ	ual r	ame	d abo	ve				
	l office / or equipment how the work was per	rformed						Payroll Element								
For oth	er additional payments and ta	axable Dis	tance Learning Author	rship	, pl	ease ı	ıse th	e ad	diti	ional b	oxes	belo	w			
	Payment description		Amount	£	E											
Hourly pay rate*: £			Cost code													
Hours worked*:		OR														
			Project code													
Description*			Payroll Element													
person will receive at le If you do not provide th member of the departr	for this information so that we can che east the National Minimum/Living Wag nese details, we will not pay a lump su nent sign up to the statement below t responsibility for NLW compliance.	ge (NLW). m unless a o confirm	serious possible consequence minimum-wage/employers-in Name and Job Title: Signature:						i ai i	πιιρσ.//	, vv vv v.	gov.uk	, macioi	iai-		
	Payment description		Amount	£												
Hourly pay rate*: £			Cost code			T										
Hours worked*:				OR								•				
			Project code													
Description*				Payroll Element												
For lump sum amounts only (not recommended): I confirm that, on behalf of my 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/national-minimum-wage-rates) excluding holiday pay. I understand the serious possible consequences of non-compliance (set out at https://www.gov.uk/national-minimum-wage/employers-and-the-minimum-wage).  Name and Job Title:  Signature:														at		
Authorisation - Budg	et Holder Pr	int Name						elepho	one	e ext.		Da	ate			
Authorisation - Finar	ocial Administrator Pr	int Name					- <sub>〒</sub>	elenh	one	ext		Da	ate			

## **Staff Privacy Notice:**

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