

Medical/Dentists Additional Sessions/Duties Authorisation and Claim Form

Employee Assignment No.

Part 1: To be completed by Clinician requesting funding for Additional Clinical Activity

Name: _____

Date of duty: _____

Reason for extra duty:

Part 2: Authorisation required before the additional hours take place

Rate A: Weekdays anytime

Rate B: Weekends/Bank Holidays anytime

Estimated number of hours required at Rate A

Estimated number of hours required at Rate B

Clinical Director/ General Manager Signature:

Date:

Part 3: To be completed by the Clinician after the duty has taken place

Start time of duty: _____:_____ Finish time of duty: _____:_____

Total number of hours worked

Reasons if any variation from estimated hours:

Name: _____ Signature: _____

Date:

Part 4: To be authorised by General Manager/Clinical Director

Total hours worked

at Rate A

Total hours worked

at Rate B

Financial Code: _ _ _ _

Name of General Manager/Clinical Director :

Signature: _____

Date: _____

PLEASE NOTE – Claims will not be considered where sessions have been “banked or where they are not claimed within the month worked. Claims must not be made retrospectively.