



**ADDITIONAL PAYMENT REQUEST FORM FOR EXISTING EMPLOYEES**  
**To be completed by the Line Manager**

NAME..... PAYROLL NO. ....

DEPT..... HOURLY RATE.....

**The proposal is to be discussed by Line Manager with appropriate VP for authorisation, determined by mission. Where the role has split responsibilities, each VP must authorise.**

DATE	HOURS	£

Reason for additional payment:

What is the effect of this change on departmental budget? – Is there a cost saving or increase to budget?

	3	%	RVP	
<b>Authorised by</b> (Full name, printed) Line Manager				<b>Date</b>
<b>Authorised by</b> (Full name, printed) Head of Department				<b>Date</b>
<b>Authorised by</b> Finance				<b>Date</b>
<b>Authorised by</b> (Full name, printed) Vice Principal				<b>Date</b>
<b>Authorised by</b> (Full name, printed) If position split 2 <sup>nd</sup> Vice Principal				<b>Date</b>
<b>Payroll Data Input &amp; Date</b>			<b>Payroll Data &amp; Input Checked by &amp; Date</b>	