**COVID-19 Additional Hours Only**

**First Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Surname:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Month**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Assignment No**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| **Date worked** | **Additional clinical hours within basic contract (that is clinical work done in what is usually academic time)** | **Additional clinical hours outside main contract to be paid by NHS employer at rate(s) agreed locally\*** | **Requested by [Initials]\*\* on [Date]** |
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Disclaimer and Signatures

I declare that the above claim is in respect of additional time actually incurred carrying out my duties in the period of this claim.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  |  |  |
| **Signature:** |  | **Date**: |  |

I certify to the best of my knowledge and belief, the claimant incurred the additional declared work time as shown above.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of NHS Supervisor** |  | **Title:** |  |
| **Signature:** |  | **Date:** |  |

\*This work can be paid directly by the NHS organisation or via your university employer depending on the arrangement locally.

\*\*Please list the people referred to by their initials in column 4 here: