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| Call Out Hours Claim Form | | | | | | | | | | | | | |
| **Guidance** | | | | | | | | | | | | | |
| This form should be used for submitting claims for payment to staff who have been called out whilst being contractually on-call (Level One), or who have been called out as part of the “best endeavour scheme” (Level Two) in line with the “Arrangements for On-Call, Call-Out and Out of Hours Working”. This form cannot be used for requesting any other type of payment. The full policy can be found at: <https://www.ed.ac.uk/files/atoms/files/out_of_hours_on-call_policy_.pdf>  Please insert details in the form below for each call-out event. Staff will be paid for a minimum of two hours at their hourly rate whether the call-out request requires them to work remotely or to attend the work place. Where attendance at the work place is required as a result of the call-out request, travel time will be included where appropriate. Travel time will have been agreed in advance with each member of staff prior to joining the on-call rota. If an additional call-out request is made within the two hour period then it will not be treated as a separate request unless the response to the request extends the period of work beyond the two hour limit. Normally, a maximum of 8 hours work on call-out will be permitted in any 24 hour period.  In authorising this form you are confirming that the payments are in full accordance with the policy referenced above. | | | | | | | | | | | | | |
| **Employee Name** | **Assignment Number** | **Date (dd/mm/yyyy)** | **Work Start Time (00:00)** | | **Work End Time (00:00)** | **Travel Time**  **(00:00)** | | **Working**  **Time (min of 2 hrs)** | **Modified**  **Hourly rate** | | **Job Code**  **(if different)** | **Cost**  **Centre (if different)** | **Acct Code**  **(if different)** |
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| **Employee Name** | **Assignment Number** | **Date (dd/mm/yyyy)** | **Work Start Time (00:00)** | | **Work End Time (00:00)** | **Travel Time**  **(00:00)** | | **Working**  **Time (min of 2 hrs)** | **Modified**  **Hourly rate** | | **Job Code**  **(if different)** | **Cost**  **Centre (if different)** | **Acct Code**  **(if different)** |
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| **Authorisation:** | | | | | | | | | | | | | |
| Authorised by: | | | | Job title: | | | | | | Date (dd/mm/yyyy): | | | |
| Signature: | | | | | | | Telephone number: | | | | | | |
| **Once authorised, submit this form through People and Money.** | | | | | | | | | | | | | |