Pay Variation Form – Bank

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | Assignment Number |  | Date Shift Worked | What was Paid | | What should be Paid | | Adjust Basic (+ or -) | Adjust Enhancements  (+or-) | Reason for Amendment / Remark | Cost Code |
| Banding / Grade | Shift | Work Time | Shift | Work Time |
| Joe Bloggs | 23456789 |  | 10/08/2013 | N | 19:00 to 07:30 | N | 18:00 to 08:30 | + 2:00 | To enter sickness |  |  |
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Completion of all columns is mandatory

**Manager Name ……………………………….. Service Manager Name ……………………… Authoriser CBS Name ……………..**

**Manager Signature …………………………… Service Manager Signature ……………………… Authoriser CBS Signature ……………..**

**Date …………………………… Date ……………………… Date ………………**

Return to CBS, Mary Seacole Building, Willerby Hill, Willerby , HU10 6ED