

**Payment Exception Form**

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To request payments including payment of annual leave when off sick, extend sick pay, pay unsocial hours

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| **Employee Name:** |  |
| **Employee Number:** |  |
| **Job Title:** |  |
| **Band:** |  |
| **Base:** |  |
| **Manager:** |  |
| **Date Change to Commence / Start Date:** |  |
|  |
| **Proposal** |
|  |
| **Reason to warrant variation:**  |
|  |
| **Discussed with HR (Name):** |  |
| **HR Comments** |
|  |
| **Budget Holders Comments (if required)** |
|  |
|  |
| **Signed Manager:** |  | **Date:** |  |
| **Print Name:** |  |
| **Signed Budget Holder:** |  | **Date:** |  |
| **Print Name:** |  |
| **Deputy Director of Workforce & OD:**  |  | **Date:** |  |
| **Print Name** |  |

**Evidence must be attached to support this variation. This form will not progress without relevant evidence. Please send completed forms and evidence hnf-tr.hrqueries@nhs.net**