

**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**