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|  **Individual Staff Payment Form – Payroll Form P2** |
| **Employee Name:** |       | Month Ending: |       |
| **Designation:** |       | Dept. Contact Name: |       |
| **Department:** |       | Dept. Contact Ext. No: |       |
| **Employee Signature:** |       | Dept. Contact Email: |       |
| **Please refer to the published guidelines.**  **Link to HR Working hours policy -** [**Working Hours**](http://www.strath.ac.uk/media/ps/humanresources/conditionsofemployment/Working_Hours_SoP.pdf) |



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| **Date Worked** | **Day of Week** | **Time From:** | **Time To:** | **No. of Actual Hours Worked** | **Reason For Payment** | **Fixed Fee****(See Note 2)** | **Overtime Hours** | **Budget Code to be Charged**(23 character budget code required) |
| **Single****Time** | **Time and a Half** | **Double Time** |
|       |       |       |       |       |       |       |       |       |       |       |
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|  | Head of Department | Human Resources | Finance Office |
| Authorised by: |       |       |       |
| Date Authorised: |       |       |       |