

ADDITIONAL PAYMENT REQUEST FORM FOR EXISTING EMPLOYEES To be completed by the Line Manager

NAME				PAYI	ROLL NO		
DEPT							
DEP1				поо	KLI KAIE		
The proposal is t Where the role h						thorisation, d	etermined by mission.
DATE			НО	URS		£	
Reason for addition	onal payme	nt:	<u> </u>				
What is the effect	of this char	nae oi	n denartme	ntal hudget? – Is	there a cost saving	or increase to	hu RWD
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3		%	RVP				
Authorised by (Full name, printed)							Date
Line Manager							
Authorised by (F		rinted	l)				Date
Head of Departme							D. (
Authorised by Fi							Date
Authorised by (F Vice Principal	full name, p	rinted	l)				Date
Authorised by (F	ull name, p	rinted	l)				Date
If position split 2nd	Vice Princ		<u> </u>				
Payroll Data Input &	Date				Payroll Data & Input	Checked by & Da	te
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