

**APPENDIX F**

**Claim in respect of Temporary Medical Duties carried out for Salisbury NHS Foundation Trust**

Your details

Forenames .....  
Block Capitals

Surname .....  
Block Capitals

Speciality .....

Grade .....

**Type of Claim** (Please delete as Appropriate)

Locum/Additional Hours/Sessions /PAs/Waiting List Cases  
(please attach copy of operating/clinic list)

**DETAILS OF WORK UNDERTAKEN**

Hours/Sessions PAs/WL cases	Date	Time		Agreed Tariff	<b>Basis of Claim</b> (If locum cover is provide include name, speciality and grade of doctor covered and reason)
		From	To		

**I certify that the work undertaken and the claim for payment are over and above my substantive work and pay**

Signature of claimant ..... Date .....

Signature of Lead Clinician ..... Date .....

Signature of Directorate Management Team ..... Date .....

**(I confirm the above claim and rate of payment specified is in accordance with the appropriate Trust Policy/Guidance or relevant terms and conditions)**

**Note: This claim will not be paid unless all sections are signed**