## **AliMo Care Ltd**

## **Overtime & Bank Hours Claim Form**

Please hand deliver or email this sheet <u>alimopayroll@gmail.com</u> at least 5 days before the pay date that you are claiming for. Any delays may mean that your additional payment is made during the next pay run.

Unsigned claim forms will not be paid. By signing and submitting the form you are declaring that the hours stated have been spent working and that you have not made a previous claim.

Care Workers Name:		Office use only				
Month worked:		Date received:				
		Authorised by:				
Care workers signature:		Process Date:				
DATE	START	FINISH		TOTAL	CHECKED (Initials)	
			7			

DATE	START	FINISH	TOTAL	OFFICE USE
			7	