

Fire and Rescue Claim Form

For all claims: Acting up, Project/Initiative, Training, ASBIT, Arson Reduction, Overtime and Bank Holidays

This form should be used to provide details of any. A separate form must be completed for each station and submitted.

Name	HRMS No	Date	Hours Claimed	Reason for Work	Rate (*) Acting Up / Overtime / Number of sessions	Cost Code Override If Applicable
				Choose an item.	Choose an item.	
				Choose an item.	Choose an item.	
				Choose an item.	Choose an item.	
				Choose an item.	Choose an item.	
				Choose an item.	Choose an item.	
				Choose an item.	Choose an item.	
				Choose an item.	Choose an item.	
				Choose an item.	Choose an item.	
				Choose an item.	Choose an item.	
				Choose an item.	Choose an item.	
				Choose an item.	Choose an item.	

(*)Overtime: x1 = plain time, x1.5 = time-and-a-half, x2 = double time
Acting up: WC = Watch Commander, CC = Crew Commander
Number of sessions for ASBIT

Manager Authorisation

I hereby authorise this request and in doing so certify this claim as correct and valid.					
Signature			Name		
Date		Job Title		Tel. No.	

Return completed forms to; HR Administration, Shire Hall, Market Place, Warwick, CV34 4RL Email: hradministration@warwickshire.gov.uk