

# DB Schenker Breakdown and Recovery Claim Form

Surname/Initials: ..... Employee No (7 digits): .....

Work Base: ..... RECHARGE Cost Centre: .....

**Failure to complete Employee 7 digit number and reason for claim will incur delay or non-payment**

Date	Reason For Claim <small>Failure to include reason for any claim will result in non payment.</small>	Rostered Hours 'From - To' <u>or</u> Rest Day	Actual Hours Worked 'From - To'	Additional Hours to be paid at Individuals Hourly Rate	Call-Out Payment 'Off Duty' (£75.00)	Call-Out Payment 'On Duty' (£15.00)	Overnight Allowance (£30.00)

**Claimants Declaration:** I declare that the above allowances are properly claimed and have been necessarily and actually incurred by me in performance of my duties with DB Schenker.

Employee Signature.....Date...../...../.....

**N.B. Before authorising please ensure all unused lines are ruled through.**

Authorising Signature.....Date...../...../.....

Print Name (Authorising Signature).....

**Please Note: The Payroll Deadline is Monday at 12 noon each week.**

FOR PAYROLL USE ONLY		
Code		Signed:
BDR	£	
ADD HRS	£	Date Entered:
		Week Ending: