

DB Schenker Serious Incident Allowance 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>	Serious Incident BLOCK Payment CALL OUT <small>(Please circle correct rate)</small>			Serious Incident SHIFT Extension <small>(Please circle correct rate)</small>		
		Hours	Team Leader £	Team Member £	Hours	Team Leader £	Team Member £
		0 to 3	56	45	0 to 3	45	34
		3 to 6	84	68	3 to 6	68	56
		6 to 9	113	90			
If you are covering the Team Leader Role and therefore claiming at the Higher Rate please circle below:							
Covering Team Leader YES / NO							

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:
SIR	£	
		Date Entered:
		Week Ending: