**This form is for teaching use only. Please ensure you have read and familiarised yourself with the** [**TRP Guidance**](https://arcadia.ad.aberdeenshire.gov.uk/services/Pages/Business%20Services/HR%20and%20OD/HR%20and%20OD%20Policies%2C%20Guidance%20and%20Forms/HR-Policies-and-Procedures.aspx) **prior to completing the TRP Payment Claim form.**

**Please complete, scan and upload to** **AskHR@aberdeenshire.gov.uk**

|  |
| --- |
| **Please tick one of the following boxes and complete Sections A, B, G, H and I in all instances**  |
|  |
| First Claim [ ]  *please also complete Sections C if appropriate* | Continuation [ ]  *please also complete Sections D & E if appropriate* | Final Claim [ ]  *please also complete Section F*  |
|  |

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| **Section A: Details of the Employee Undertaking Acting Up Arrangement**  |
|  |
| Employee No:  |  | Service: | **Education & Children’s Services** |  |
|  |
| First Name: |  | Surname: |  |  |
|  |
| Post No: | P      | Job Title: |  |  |
|  |  |  |  |  |
| Current School: |  |  |  |  |
|  |

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| **Section B: Details of the Higher Graded Post**  |
|  |
| **Dates responsibility undertaken in claim month:** |  |
|  **From:** | Click here to enter a date. | **To:** | Click here to enter a date. |  |
|  |
| Post No: | **P** | Job Title: |  |  |
|  |
| Location of Post: |  | ABS Number: | ABS |  |
|  |
| In place of:*(name of current post holder)* |  |  |
|  |
| PVG Check | [ ]   | Date of last check: | Click here to enter a date. |  |
| **Reason for temporary responsibility payment** – less than 20 days *(tick one box only)* |
| Short term sickness cover | [ ]   | Ad hoc cover | [ ]   | Other *(detail below)* | [ ]   |  |
| **Reason for temporary responsibility payment** –fixed term, more than 20 days *(tick one box only).*  |
| Sickness cover | [ ]   | Career Break | [ ]   | Postholder Acting Up*(detail below)* | [ ]   | Other*(detail below)* | [ ]   |
| Vacancy cover | [ ]   | Secondment | [ ]   | Maternity/Adoption cover | [ ]   |  |  |
|  |
| **Additional information:** |
|  |  |  |
|  |

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| Section C: Expected duration of fixed term acting arrangement |
|  |
| **For a period not exceeding:** |       months |  |
|  |

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| Section D: Change of reason for cover of fixed term acting arrangement |
|  |
| **Please detail the date of and reason for change:** *(Example: teacher on maternity leave resigns, post is advertised reason for cover has now changed to vacancy cover)* | **Date of change:** Click here to enter a date.  |  |
|  |
| **New reason for cover:**       |
|  |

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| Section E: Extension to the duration of fixed term acting arrangement |
|  |
| **Please detail the effective date and period of extension:** | Effective date: Click here to enter a date.  |  |
|  |
| *(this will allow HR Support to issue amended contractual documentation)* | For a period not exceeding       months |  |
|  |

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| Section F: End of acting arrangement |
|  |
| **Please detail the date the acting arrangement ended:** |  Click here to enter a date. |  |
|  |

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| **Section G: Days claimed** |
| **Claim for Calendar month ending:**  | Click here to enter a date. |
| Please enter below days or complete half days (morning or afternoon) actually worked from Monday to Friday in the Acting Up Post. Sickness absence should also be recorded by entering “SICK” in the appropriate boxes. Approved absences due to family or special leave should be recorded by entering either “FAMILY LEAVE” or “SPECIAL LEAVE” in the appropriate box(es). Holiday periods should not be recorded. Completed forms must be received by HR Support by the 4th of the following month.  |
| **Week Ending** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Total** |
| Click here to enter a date. |       |       |       |       |       |       |
| Click here to enter a date. |       |       |       |       |       |       |
| Click here to enter a date. |       |       |       |       |       |       |
| Click here to enter a date. |       |       |       |       |       |       |
| Click here to enter a date. |       |       |       |       |       |       |
| **TOTAL DAYS CLAIMED** |       |
| **This form requires to be certified correct and authorised in Sections H & I below. Incomplete forms will be returned and payment may therefore be delayed.****Please complete, scan and upload to** **AskHR@aberdeenshire.gov.uk** **to arrive before the 9th of the month.** |

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| **Section H: Certified correct by claimant (to be completed in all cases)** |
|  |
| Claimants Signature  |       | Print Name |  | Date: |  |  |
|  |
|  |

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| **Section I: Authorisation by Head Teacher/QIO (to be completed in all cases)** |
|  |
| Authorised Signature:  |       |  | Date: |  |  |
|  |
| Authorised Name: |  |  | Employee No |  |  |
|  |
| Job Title: |       |  | Tel: |  |  |
|  |

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| Section J: to be Completed by HR Transcational Team |
|  |
| (A) Higher salary for P      | = £      |
| (B) Substantive salary  | = £      |
| Difference (A - B) | = £      per annum | ÷ 235 = £      per school day |
|  | Payment for leave accrued on daily basis |  £      per school day x 0.2051 =£      per dayPaid at or around holiday periods  [ ]  completed in HR by  |
| FINANCIAL CODE IF DIFFERENT FROM HOME COST CENTRE

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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