

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST
DISRUPTION ALLOWANCE APPLICATION FORM

PART 1	APPLICANT DETAILS
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Full Name (Dr/Mr/Mrs/Miss/Ms/Other)							
Position Held/Job Title							
Lease Vehicle Registration Number							
Contracted Hours Per Week							
Days Worked (tick all that apply)	M	T	W	T	F	S	S
Home Tel No	Work Tel No						
Payroll No	Date of Change of Base						

Do you have an approved Pay2 form?	Yes		No		Disruption Allowance applications CANNOT be processed without a valid confirmation of change of base
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PART 2	WORK BASE DETAILS
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Home Address			
Postcode			
Previous Work Base Address			
Postcode			
New Work Base Address			
Postcode			

SAMPLE - DO NOT USE

CAR LEASING PROCEDURE - FP09/09

DECLARATION BY APPLICANT

I certify that the information which I have given in this application is correct.
 I accept that Disruption Allowance is offered as an alternative to excess mileage.

Signed		Date	
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PART 3 TO BE COMPLETED BY FINANCE DEPARTMENT

Return Travel Distance (miles)	Previous		New	
Return Travel Time (minutes)	Previous		New	
Date of Check		Time of Check		
Total Allowance				
Date Sent to Payroll				

Signed	
Print Name	
Position	
Date	

PLEASE RETURN COMPLETED FORM TO:

**FINANCIAL ANALYST
 THURROCK COMMUNITY HOSPITAL
 LONG LANE
 GRAYS
 RM16 2PX**

TEL No. [REDACTED]
FAX No. [REDACTED]

SAMPLE - DO NOT USE