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| ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST |
| DISRUPTION ALLOWANCE APPLICATION FORM |

| | |
|---------------|--------------------------|
| PART 1 | APPLICANT DETAILS |
|---------------|--------------------------|

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

| | |
|---------------|--------------------------|
| PART 2 | WORK BASE DETAILS |
|---------------|--------------------------|

| | |
|-----------------------------------|--|
| Home Address | |
| Postcode | |
| Previous Work Base Address | |
| Postcode | |
| New Work Base Address | |
| Postcode | |

FP09/15 - SALARY SACRIFICE CAR LEASING PROCEDURE

| 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 | |

| 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 | |

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| <p>PLEASE RETURN COMPLETED FORM TO:</p> <p>LEASE CAR MANAGER THURROCK COMMUNITY HOSPITAL LONG LANE GRAYS RM16 2PX</p> <p>TEL No. [REDACTED]</p> |
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