This form is for employees whose work location has changed at the request of Falkirk Council. The form must be completed and submitted every year for a maximum of 3 years and cannot be backdated to a previous tax year. The minimum daily claim is 4 miles excess travel. The payment will normally be made monthly.

**Section 1 - Personal Details**

|  |  |
| --- | --- |
| Name: | Employee No: |
| Home Address: | Postcode: |
| Service: | Division: |

If your home address has changed since your previous claim, please note your previous address below

|  |  |
| --- | --- |
|  | Date of house move: |

**Section 2 –Details of Change**

|  |  |  |
| --- | --- | --- |
|  | **New work location**  | **Previous work location**  |
| Work locationincluding postcode |  |  |
| Date of transfer: |  | If temporary transfer please indicate end date: \* |  |
| Year of Claim  | 1 | 2 | 3 |
| Claim Start Date: |  | Claim End Date: |  |

\*Minimum claim time period = 2 months. If your claim is for less than 2 months this should be submitted as a mileage claim. Postcodes for Council Buildings will be checked and verified on submission of each claim. If postcodes for previous claims are incorrect these will be amended and this may affect the amount paid.\*

**Section 3 – Work Pattern**

|  |  |
| --- | --- |
| Please circle your weekly working daysor note your working pattern:  | Mon / Tues / Wed / Thurs / Fri / Sat / Sun |

**Section 4 – Journey confirmation**

Please tick relevant box

|  |  |
| --- | --- |
| I confirm that I previously walked to work daily |  |
| I confirm that I drive to work daily |  |

**If you use public transport, there is a separate form which should be completed**

**Section 5 – Employee Declaration/Manager authorisation**

I confirm that the above information is accurate. I will inform HR if any of this information changes during the period of the claim for a recalculation to be done. I understand that Payroll will normally pay this allowance monthly and that in all cases, this payment will be subject to the appropriate rate of taxation.

|  |  |
| --- | --- |
|  |  |
| Signed (Employee) | Date: |
|  |  Date: |
| Signed (Manager) |  |
| Printed (Manager) |  |

**This form should be emailed to** **hrhelpdesk@falkirk.gov.uk** **or posted to HR Helpdesk, Municipal Buildings, Falkirk, FK1 5RS**

**SECTION 6 – Journey verification (to be completed by Human Resources)**

Location Centre planner/AA information attached based on relevant postcodes from home to previous work location and home to new work location based on the **SHORTEST** journey.

|  |  |  |
| --- | --- | --- |
|  | **Mileage** | **Cost (Miles x 20p)** |
| **New Work Location (a)** |  |  |
| **Previous Work Location (b)** |  |  |
| **Daily Excess Travel (a -b)**(Difference between daily mileage/cost to New work location minus daily cost to Previous work location) |  |  |

**SECTION 7 - Claim Calculation (to be completed by Human Resources)**

|  |  |
| --- | --- |
| **52 Week Employees (non term time)** |  |
| **A. Annual leave entitlement for Full time equivalent** ( Do not include Public Hols)  | 26 27 28 29 30 31 33  |
| **B. Working days**Annual working days available (full time equivalent) = 252\* minus annual leave entitlement (A above) (\* 252 = 52wks x 5days/wk minus 8 public holidays) |  |
| **C. Number of actual working days based on specific working pattern**e.g. part-time employee working 3 days per week and entitled to 30 days annual leave = (252-30)/5x3 =133working days per annum**Please show calculation used:** |  |

|  |
| --- |
| **Term time employees**  |
| **A. Working weeks (please circle)**(if pattern is not shown across please detail here) | 38 - 19039 – 195 40 – 20041 – 205 42 - 210 |
| **B. Number of actual working days based on specific working pattern**e.g. part-time employee working 3 days per week on a 38 week term time contract (190)/5x3 = 114 working days per annum**Please show calculation used:** |  |

|  |  |
| --- | --- |
| **Annual Excess Payable** (Daily excess travel cost (6a) x no of actual working days per annum (7b or 7c) | £ |
| Excess travel claim end date:  |  |

Please indicate whether there has been a change since previous claim Yes/No

What is the change?

Section 6 & 7 completed by:

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Print Name Signature Designation

**SECTION 8 - AUTHORISATION**

**HR Manager - Authorisation**

|  |  |
| --- | --- |
|  |  |
| Signature | Date |