



EXCESS TRAVEL CLAIMS FORM TEACHERS

HR26(T)

Falkirk Council

Corporate & Commercial Services, Human Resources
Municipal Buildings, Falkirk FK1 5RS

PART A DETAILS OF TRAVEL TO BE COMPLETED BY CLAIMANT (See Guidance Notes)

A1. EMPLOYEE NAME _____ A2. PAYROLL NO. _____

A3. SERVICE (DEPARTMENT) _____

A4. TICK BOX TO CERTIFY THAT THERE IS NO CHANGE TO PREVIOUS CLAIM AND THAT CLAIM HAS BEEN BASED ON SHORTEST ROUTE, OR WEEKLY PASS IF USING PUBLIC TRANSPORT (GO TO **PART C**)

A4.1. HOME ADDRESS (including postcode) _____

A4.2. PREVIOUS HOME ADDRESS (including postcode) _____
(If this changed from previous claim)

A5. NEW WORK LOCATION OR SCHOOL _____

A6. WEEKLY COST OF TRAVEL TO WORK LOCATION FROM HOME BY PUBLIC TRANSPORT (a) £ _____
OR MILEAGE AT 15p PER MILE* _____ MILES (IN ACCORDANCE WITH AND SHOWING NO MORE THAN THE RAC ROUTE PLANNER).

A7. DETAIL OF JOURNEY FROM HOME ADDRESS (THE CLOSER OF A4.1 AND A4.2). JOURNEYS ARE TO BE BASED ON SHORTEST ROUTE i.e. WOODLANDS HIGH SCHOOL TO BRAES HIGH SCHOOL IN ACCORDANCE WITH AND SHOWING NO MORE THAN THE RAC ROUTE PLANNER.

A8. PREVIOUS WORK LOCATION OR SCHOOL _____ DATE OF TRANSFER _____
DATE ENTITLEMENT CEASES _____

A9. WEEKLY COST OF TRAVEL TO PREVIOUS WORK LOCATION FROM HOME BY PUBLIC TRANSPORT (b) _____
OR MILEAGE AT 15p PER MILE* _____ MILES (IN ACCORDANCE WITH AND SHOWING NO MORE THAN THE RAC ROUTE PLANNER).

A10. DETAIL OF JOURNEY FROM HOME ADDRESS TO PREVIOUS WORK LOCATION BASED ON SHORTEST DISTANCE BETWEEN START POINT AND DESTINATION.

IS THIS THE 1st 2nd 3rd 4th CLAIM THAT YOU HAVE MADE IN RESPECT OF THIS WORK LOCATION CHANGE?
(please circle one)

*** NOTE - AUTHORISED CAR USERS ONLY/OR IF APPROVED BY HEAD OF SCHOOLS MANAGEMENT**

A11. EXCESS COST PER WEEK - A6. MINUS A9. AND MINUS £2.00 £ _____

PART B DETAILS OF CLAIM

B1 EXCESS COST CALCULATION

a) ANNUAL WORKING DAYS AVAILABLE	195
b) NUMBER OF WORKING WEEKS (WORKING DAYS DIVIDED BY FIVE)	39
c) <u>ANNUAL EXCESS PAYABLE</u>	
A11. x WORKING WEEKS	£ _____



GUIDANCE NOTES

QUESTION	HELP FOR THOSE EMPLOYEES THAT ARE CLAIMING EXCESS COSTS USING PUBLIC TRANSPORT	HELP FOR THOSE EMPLOYEES THAT ARE CLAIMING EXCESS MILEAGE
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NOTE - THE FORM COMES IN THREE PARTS (A), (B) AND (C) - PART A, B AND C1 ARE TO BE COMPLETED BY THE CLAIMANT, PART C2 BY A SERVICE MANAGER AND PART C3 BY HEAD OF HUMAN RESOURCES.

PLEASE COMPLETE IN BLOCK CAPITALS.

PART A DETAILS OF TRAVEL

A1.	FORENAME(S) AND SURNAME	
A2.	PAYROLL NUMBER (YOU WILL FIND THIS ON YOUR PAY SLIP)	
A3.	YOUR SCHOOL OR EDUCATION ESTABLISHMENT	
A4.	<input type="checkbox"/> IF NO CHANGE TO PREVIOUS CLAIM TICK BOX AND GO TO PART C	
A4.1.	YOUR PRESENT HOME ADDRESS - INCLUDE YOUR POSTCODE	
A4.2.	YOUR PREVIOUS HOME ADDRESS IF THIS HAS CHANGED SINCE YOUR PREVIOUS CLAIM	
A5.	YOUR PRESENT WORK LOCATION i.e. SCHOOL, EDUCATION ESTABLISHMENT	
A6.	THE WEEKLY TOTAL COST OF TRAVEL FROM YOUR HOME ADDRESS (THE CLOSER OF A4.1 AND A4.2) TO YOUR WORK LOCATION	AUTHORISED CAR USERS MAY CLAIM THE WEEKLY MILEAGE COST INCURRED TRAVEELING TO WORK FROM HOME ADDRESS AT THE RATE OF 15p PER MILE IN ACCORDANCE WITH AND SHOWING NO MORE THAN THE RAC ROUTE PLANNER
A7.	DETAILS OF BUS ROUTES AND COSTS, TRAIN JOURNEYS etc. BASED ON A WEEKLY PASS	THE ROUTE TAKEN BASED ON THE SHORTEST DISTANCE BETWEEN START POINT AND DESTINATION
A8.	THE OFFICE, SCHOOL, DEPOT etc. WHERE YOU <i>WORKED</i> OR <i>WERE</i> BASED	
A9.	THE WEEKLY TOTAL COST OF TRAVEL FROM YOUR HOME ADDRESS (THE CLOSER OF A4.1 AND A4.2) TO YOUR WORK LOCATION	AUTHORISED CAR USERS MAY CLAIM THE WEEKLY MILEAGE COST INCURRED TRAVEELING TO WORK FROM HOME ADDRESS AT THE RATE OF 15p PER MILE IN ACCORDANCE WITH AND SHOWING NO MORE THAN THE RAC ROUTE PLANNER
A10.	DETAILS OF BUS ROUTES AND COSTS, TRAIN JOURNEYS etc. BASED ON A WEEKLY PASS	THE ROUTE TAKEN BASED ON THE SHORTEST DISTANCE BETWEEN START POINT AND DESTINATION
A11.	THE DIFFERENCE IN COST BETWEEN ANSWERS GIVEN IN A6. AND A9. (e.g. A6. LESS A9.) MINUS £2.00 PER WEEK	

PART B DETAILS OF CLAIM

B1.	CALCULATE THE EXCESS COST (<i>See Notes Overleaf</i>)
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PART C DECLARATION

C1.	TO BE COMPLETED BY CLAIMANT
C2.	TO BE COMPLETED BY HEADTEACHER OR SERVICE MANAGER
C3.	LEAVE BLANK

PART C DECLARATION

C1 TO BE COMPLETED BY CLAIMANT

I HEREBY CERTIFY THAT I HAVE INCURRED THE EXCESS * COST / MILEAGE CLAIMED. I ALSO UNDERTAKE TO INFORM FALKIRK COUNCIL SHOULD ANY OF THE INFORMATION PROVIDED ABOVE CHANGE AT ANY TIME DURING THE PERIOD OF THE CLAIM.

I CONFIRM THAT I HAVE USED RAC ROUTE PLANNER TO CALCULATE THE SHORTEST ROUTE.

NOTE - IF YOU ARE NOT AN OFFICIALLY AUTHORISED CAR USER A CLAIM BASED ON CAR MILEAGE MAY ONLY BE MADE IF THIS HAS BEEN APPROVED BY THE HEAD OF SCHOOLS MANAGEMENT.

SIGNED _____ DATE _____

* *Delete as appropriate*

C2 TO BE COMPLETED BY HEADTEACHER OR SERVICE MANAGER (See Guidance Notes)

I CERTIFY THAT THIS CLAIM IS ACCURATE.

SIGNED _____ (Headteacher / Manager) DATE _____

PRINT NAME _____

DESIGNATION _____

C3 TO BE COMPLETED BY HEAD OF HUMAN RESOURCES

CERTIFIED BY _____ DATE _____

DESIGNATION _____

EXCESS TRAVEL CLAIMS (TEACHERS) - GUIDANCE

THE FORM HR21(T) - EXCESS TRAVEL CLAIM SHOULD BE USED BY FALKIRK COUNCIL TEACHING STAFF WHO, BECAUSE OF RE-ORGANISATION, ARE NOW REQUIRED TO TRAVEL A SUBSTANTIAL ADDITIONAL DISTANCE TO AND FROM THEIR RESIDENCE TO THEIR PLACE OF WORK.

THE ALLOWANCE PAYABLE TO A TEACHER INCURRING ADDITIONAL TRAVELLING EXPENSES WILL BE EQUAL TO THE DIFFERENCE BETWEEN THE COST OF TRAVELLING -

1. FROM HOME TO THE NEW PLACE OF WORK AND RETURN BY THE SHORTEST ROUTE, AND
2. FROM HOME TO THE OLD PLACE OF WORK AND RETURN BY THE SHORTEST ROUTE.

WHERE THE DIFFERENCE IS GREATER THAN £2.00 PER WEEK, THE AMOUNT TO BE REFUNDED WILL BE THE AMOUNT IN EXCESS OF £2.00 PER WEEK.

IN THE MAJORITY OF CASES THIS SHOULD BE CALCULATED ON THE BASIS OF INCREASED COSTS ASSOCIATED WITH THE USE OF THE CHEAPEST FORM OF PUBLIC TRANSPORT. HOWEVER, WHERE EMPLOYEES USE THEIR CAR, PAYMENT WILL REQUIRE TO BE BASED UPON THE ADDITIONAL MILEAGE TRAVELLED WHICH SHOULD ALSO BE CLAIMED USING THE ATTACHED FORM. ANY MILEAGE CLAIMED SHOULD BE NO MORE THAN THE RAC ROUTE PLANNER.

THE FORM IS IN THREE PARTS -

PART A - TRAVEL DETAILS - TO BE COMPLETED BY THE CLAIMANT

PART B - DETAILS OF CLAIMS - TO BE COMPLETED BY THE CLAIMANT

PART C - DECLARATION, SHOULD BE SIGNED BY THE CLAIMANT THEN CHECKED AND AUTHORISED BY THE CLAIMANT'S HEAD-TEACHER OR MANAGER.

THE COMPLETED FORMS SHOULD BE FORWARDED TO -
HEAD OF HUMAN RESOURCES, MUNICIPAL BUILDINGS, FALKIRK FK1 5RS.

ARRANGEMENTS WILL BE MADE BY THE HEAD OF PAYROLL AND PENSIONS TO HAVE THE ADDITIONAL COSTS PAID BY MEANS OF SALARY PAYMENTS ON A REGULAR BASIS. IN ALL CASES, PAYMENT OF ADDITIONAL EXPENSE INCURRED IN TRAVELLING TO AND FROM THE PLACE OF EMPLOYMENT WILL BE SUBJECT TO THE APPROPRIATE RATE OF TAXATION.