

**Coláiste na hOllscoile Corcaigh**  
University College Cork



Salary Returns in respect of Staff paid on an hourly basis (including demonstrators, night lecturers, student help etc.)

Department  Cost Code  Month Ending

Name (in full)	Returned on P.A.F. * & Contract Issued	P.P.S. No.	Staff Category	Dates on which duties were carried out are essential for Social Welfare purposes					Total Hours / Amount	Rate	For Office Use Only	
	Y/N			w/c	w/c	w/c	w/c	w/c			Amount to be paid	P.R.S. I. Weeks

**To be forwarded to the Payroll Office no later than the 15<sup>th</sup> of the month**

\*Payroll Authorisation Form

I approve the above payment which is in line with the contract of employment already issued to each employee listed above  
I confirm that the above payments comply with the policy on out of hours working and additional payments to staff  
<http://www.ucc.ie/en/media/support/hr/AdditionalDutiesAugust2014WebVersion.pdf>

Name of Head of School/Department or his/her nominee (**in block caps**) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_