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

**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/used public transport |  |
| I confirm that I now use public transport to get to work each day |  |
| Details of public transport used |

**SECTION 5 - Public Transport Costs for Period of Claim**

|  |  |  |
| --- | --- | --- |
| **Period of Claim** | **From**  | **To** |
| Ticket TypeFor Current Journey | No. Purchased | Cost (£) | Equivalent Cost for Previous Journey | Difference (£) |
| Daily |  |  |  |  |
| Weekly |  |  |  |  |
| Monthly |  |  |  |  |

**Please attach relevant receipt/ tickets to this form for all journeys undertaken within this period.**

**SECTION 6 – 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 arrangements will be made by Payroll to have the additional costs paid by means of salary payments on a regular basis 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**

Privacy Statement

* The Council processes your information in accordance with data protection legislation.
* We use this for processing your excess travel claim and keep it for 7 years
* We also use this for monitoring and recording purposes
* You can find full details here [www.falkirk.gov.uk/privacy](http://www.falkirk.gov.uk/privacy)

**SECTION 7 – Journey verification (to be completed by Human Resources)**

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

What is the change?

Section 7 completed by:

­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Signature Designation

**SECTION 8 - AUTHORISATION**

**HR Manager - Authorisation**

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