

## Excess Travel Authorisation Form

If an employee's work base is changed by the council either due to redeployment or relocation, excess mileage and travel time allowance may be payable for up to eighteen months if the following applies:

- Excess mileage can be claimed if an employee is relocated to a new place of work more than five miles away from their current base.
- Excess travel time can be claimed if an employee is relocated to a new place of work that incurs additional daily travelling time in excess of 30 minutes.

Further Travel information including Derbyshire County Council's Travel policy can be accessed at the following link. [Travelling to work - Our Derbyshire](#)

### Section 1 – To be completed by the Employee

Employee name:					
Employee home address:					
Postcode:					
Payroll number:					
Job title:					
Department:					
Contracted weekly hours:			Contracted weeks per year:		
Please provide your current approved weekly working pattern;					
	Monday	Tuesday	Wednesday	Thursday	Friday
e.g.	9:00am - 5:00pm	12:30pm - 5:00pm	Non-working day	9:00am - 5:00pm	Non-working day
Will you be travelling to your new base every day you work? Yes No*					
*If you have selected no please provide details of the number of days per week you will be travelling to your new base and where you will be based on the alternate days (e.g. working from home):					

Original base address	New base address
Postcode:	Postcode:

Excess mileage	
<b>(A)</b> Total <b>daily</b> miles travelled <u>or</u> cost of public transport fare from home to <b>original</b> base	<b>(B)</b> Total <b>daily</b> miles travelled <u>or</u> cost of public transport fare from home to <b>new</b> base
Mile(s):                      Cost: £	Mile(s):                      Cost: £
<b>(C)</b> Total <b>daily</b> excess mileage <u>or</u> cost of fare ( <b>B</b> minus <b>A</b> )	
Mile(s):	Cost: £
Excess travel time	
<b>(D)</b> Total <b>daily</b> travelling time to <b>original</b> base	<b>(E)</b> Total <b>daily</b> travelling time to <b>new</b> base
Hour(s):                      Minute(s):	Hour(s)                      Minute(s):
<b>(F)</b> Total <b>daily</b> excess travel time ( <b>E</b> minus <b>D</b> )	
Hour(s):	Minute(s):
<b>(G)</b> Date of relocation:	
Employee signature:	
Date completed:	

**Section 2 – To be completed by the employee’s Line Manager**

Line Manager name:
Payroll number:
Job title:

Circumstances of relocation:
Is this claim made in accordance with the Council's Travel Claim Guide? Yes      No
Do you recommend and authorise to pay the excess mileage/travel as outlined in section <b>C &amp; F</b> of this form? Yes      No
Is the date of relocation stated in section <b>G</b> correct? Yes      No
Is the working pattern stated in section 1 correct? Yes      No
Will the employee be travelling to their new base every day they work? Yes      No* *If no, are the details stated in section 1 outlining the number of days per week the employee will be travelling to their new base and where they will be based on the alternate days correct? Yes      No
If "no" to any of the above, please state reason(s) why:
Line Manager signature:
Date completed:

Once completed forward to

Adult Care Payroll - [CST.AdultCarePayroll@derbyshire.gov.uk](mailto:CST.AdultCarePayroll@derbyshire.gov.uk)

Childrens Services Payroll - [CST.ChildrensServicesPayroll@derbyshire.gov.uk](mailto:CST.ChildrensServicesPayroll@derbyshire.gov.uk)

CST & Place Payroll - [CST.PlacePayroll@derbyshire.gov.uk](mailto:CST.PlacePayroll@derbyshire.gov.uk)

**Section 3 – To be completed by the HR Payroll Team**

Based on the information provided by the employee and the manager, is this request valid? Yes      No
Is the date of relocation stated in section <b>G</b> correct? Yes      No
If an exemption applies, has approval been sought? Yes      N/A
If excess travel time allowance is payable, the authorised banding is: <input type="checkbox"/> over half an hour up to 1 hour per day <input type="checkbox"/> over 1 hour up to 1½ hours per day <input type="checkbox"/> over 1 ½ hours per day
Valid until date*:
Submitted by (name):
Date completed:
Notes:

\* This date may be subject to change should an employee's home address or place of work change during this period

**Section 4 – To be completed by HR Services and submitted to the relevant departmental inbox.**

Adult Care Payroll - [CST.AdultCarePayroll@derbyshire.gov.uk](mailto:CST.AdultCarePayroll@derbyshire.gov.uk)

Childrens Services Payroll - [CST.ChildrensServicesPayroll@derbyshire.gov.uk](mailto:CST.ChildrensServicesPayroll@derbyshire.gov.uk)

CST & Place Payroll - [CST.PlacePayroll@derbyshire.gov.uk](mailto:CST.PlacePayroll@derbyshire.gov.uk)

Excess Travel Processed	
Employee Notified: Yes	Line Manager Notified: Yes
	HR Services Processes Completed: Yes