

PHASED RETURN FORM

Please submit one form for each post and one form for each calendar month, detailing each day then email to the relevant payroll team – CST & Place - CST.PlacePayroll@derbyshire.gov.uk
 Childrens Services - CST.ChildrensServicesPayroll@derbyshire.gov.uk
 Adult Social Care & Health - CST.AdultCarePayroll@derbyshire.gov.uk

EMPLOYEE NAME		JOB TITLE	
EMPLOYEE NO		CONTRACTED HOURS PER WEEK ON SAP	
INITIAL START DATE		END DATE OR CONTINUING	

DATE	DD	MM	YY	Is this their normal working day? Yes/No	What would be the normal working hours?	Please state the actual times worked?	Please state the actual times of sickness?
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COMPLETED BY NAME:	SIGNATURE:
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