



Western Health and Social Care Trust

Main Building, T&F Hospital, Omagh, Co Tyrone, BT79 0NS

MILEAGE CLASSIFICATION FORM

DATE : _____

NAME: _____

ADDRESS _____

STAFF No _____ FACILITY _____

NATIONAL INSURANCE NO: _____

The above named person commenced duty on _____

As _____

BY NATURE OF THE OFFICER'S DUTIES, HE/SHE SHOULD BE PAID TRAVELLING EXPENSES AT:

1. REGULAR / STANDARD USER* (GENERAL COUNCIL TERMS AND CONDITIONS)

FROM _____ ESTIMATED MILES PER YEAR _____

ESTIMATED NUMBER OF DAYS CAR USED PER WEEK _____

2. CASUAL/ESSENTIAL USER* PROTECTED RATE/ NEW RATE TC6 10/93 (SOCIAL WORK

STAFF) FROM (DATE): _____

3. REGULAR/STANDARD USERS (HMDS)

ESSENTIAL USER (CONSULTANTS ONLY)

FROM DATE: _____

PLEASE INDICATE IF MOVING FROM ONE TRUST/ BOARD TO WESTERN HEALTH AND SOCIAL

CARE TRUST YES/NO

IF YES – PLEASE STATE NAME OF TRUST/ BOARD _____

DATE OF LAST WORKING DAY _____

PLEASE INDICATE IF AVAILING OF CAR LEASING SCHEME YES /NO*

*** DELETE AS APPROPRIATE**

I UNDERSTAND IF I DO NOT AVAIL OF THE CAR LEASING SCHEME AND IF MY MILEAGE IS OVER 7,000 MILES PER ANNUM, TRAVELLING EXPENSES WILL BE PAID AT PUBLIC TRANSPORT RATE

SIGNATURE _____ DATE _____
(MEMBER OF STAFF)

SIGNATURE _____ DATE _____
(HEAD OF DEPARTMENT)

PLEASE RETURN FORM TO: PAYMENT SERVICES, FINANCE, TYRONE & FERMANAGH HOSPITAL, OMAGH, CO TYRONE BT79 0NS