Public Holiday Claim Form

Please complete the form below to claim for any hours worked on public holidays or agreed alternatives on behalf of NHS Shetland.

Return the completed copy to:

[shet.pharmacyprimarycare@nhs.scot](mailto:shet.pharmacyprimarycare@nhs.scot)

|  |  |
| --- | --- |
| Contractor Name & Code: |  |

|  |  |  |
| --- | --- | --- |
| PH Dates Covered | Hours worked | Claim @£200/hr |
|  |  |  |
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|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | Total Claimed |  |

|  |  |
| --- | --- |
| Pharmacist Name |  |
| Signature |  |
| Date |  |