

Casual Quarterly Annual Leave Payment Form

Payroll Use Only - Employee Number

MP's Name CAPITAL LETTERS

Constituency CAPITAL LETTERS

CAPITAL LETTERS

Staff Member Details

Title

First Name

Last Name

Number of
Hours accrued for
payment

Authorisation & Declaration

- ✓ I authorise IPSA to pay the staff member their holiday pay based on the accrued hours stated above
- ✓ I confirm that the staff member concerned has been notified of this request

MP's Signature: _____

Date: _____

Note: Amendments must be received before the 15th of each month. If the 15th falls on a weekend then the payroll cut-off is the previous working day.

Please email this signed form to payroll@theipsa.org.uk

Alternatively please send it to IPSA, 4th Floor, 30 Millbank, London SW1P 4DU or place in the drop box in the Members' Centre in Portcullis House.

If you have any questions about completing this form, please call 020 7811 6400 /Option 2.

Data Protection Statement 2018

IPSA collects and processes personal information you (and others) provide, for the purposes of exercising its statutory functions, as set out in the IPSA Privacy Notice. This is published on our websites and contains our contact details. IPSA may disclose information to third parties where it is fair and lawful to do so, while respecting your subject rights. IPSA is a public authority under the Freedom of Information Act 2000 (FOIA). The information it holds may be disclosable under FOIA. Under the Data Protection Act 2018, you have a right to request a copy of the personal information which IPSA holds on you, as described in the Privacy Notice. IPSA is a registered data controller, with address: Data Protection Officer, IPSA, 4th floor, 30 Millbank, London SW1P 4DU.

Payroll use only

Keyed by **X** _____

Checked by **X** _____

Date: _____

Date: _____