



**EMAS  
OVERTIME PAYMENTS INCLUDED IN ANNUAL LEAVE PAY QUESTIONNAIRE**

If you wish us to consider whether you have a potential claim for a failure by your employer to include overtime that you have worked in calculating your holiday pay, please complete this form in as much detail as possible in block capitals and return it to the **GMB , FREEPOST RTJY-ZSXZ-BSUU, 62 RUSSELL STREET, HULL, HU2 9AD.**

Please attach to this form any documentation in respect of your employment which would help us deal with your claim such as Contract of Employment, Job Description, Recent Wage Slips, Annual Leave Records.

GMB MEMBERSHIP NUMBER:	TITLE: (Mr/ Ms/ other )
FORENAME:	SURNAME:
DATE OF BIRTH:	FULL POSTAL ADDRESS:
TELEPHONE:	EMAIL ADDRESS:
MOBILE:	PAYROLL NUMBER:
EMPLOYER:	ADDRESS OF YOUR PLACE OF WORK:
JOB TITLE:	CONTRACTED HOURS:
HOURLY RATE OF PAY:	PAY BAND / SCP:
DO YOU WORK UNDER THE NHS AGENDA FOR CHANGE CONTRACT? YES / NO	
DO YOU REGULARLY WORK OVERTIME? YES / NO	
WHAT TYPE OF OVERTIME DO YOU REGULARLY WORK? MANDATORY / VOLUNTARY / END OF SHIFT / SHIFT OVER-RUNS	

NUMBER OF HOURS OVERTIME WORKED PER WEEK:

MANDATORY:

VOLUNTARY:

END OF SHIFT:

SHIFT OVER-RUNS:

IF YOU WORK MANDATORY OVERTIME, ARE YOU PAID FOR THIS WHEN ON ANNUAL LEAVE?

YES / NO

IF YOU WORK VOLUNTARY OVERTIME, ARE YOU PAID FOR THIS WHEN ON ANNUAL LEAVE?

YES / NO

IF YOU WORK END OF SHIFT OVERTIME, ARE YOU PAID FOR THIS WHEN ON ANNUAL LEAVE?

YES / NO

IF YOU WORK SHIFT OVER-RUNS, ARE YOU PAID FOR THIS WHEN ON ANNUAL LEAVE?

YES / NO

WHEN DID YOU LAST TAKE ANNUAL LEAVE WHERE YOU THINK YOU WERE UNDERPAID BECAUSE OF OVERTIME THAT YOU WORKED?

AUTHORITY:

It is important that you understand that your Union are investigating a number of possible similar claims. To facilitate the conduct, co-ordination and settlement of those claims, it is important that you give the following authorities and by signing this questionnaire, you authorise the investigation of your own individual case and the following:

- (1) I authorise the Union's solicitors to take instructions on the conduct of my potential claim, including the issuing of Tribunal proceedings.
- (2) I agree and understand that I must continue to pay my Trade Union subscriptions throughout the period of any claim pursued on my behalf, even if my present employment ends.
- (3) I understand that I am free at any time to revoke this authority but that if I do so the Union and/or solicitors will be unable to act for me.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

By completing this form, you are consenting to GMB raising on your behalf a grievance, along with other employees, with your employer and including your name in that grievance; by consenting you are aware that inclusion of your name will mean that other employees and your employer will be aware that you are a GMB member. Further you are consenting to GMB passing your details onto our legal advisor.