

# Dog Attack Compensation Scheme - Claim Form

Please be aware this form is not applicable to PFW employees

Please complete Section A of the form and return to HRSC Attendance Team electronically or alternatively mail to Attendance Management Team, HR Services, Pond Street Sheffield, and S98 6HR. If you are too ill to complete the form, your manager may complete it for you.

Payment will be delayed if this form is not returned promptly. The deadline for making a claim is 1 month from the date of the attack. Claims made after this time will be invalid. Successful claims will only be paid from the 8<sup>th</sup> day of absence following the attack.

## Section A

Employee name:		Employee pay number:	
Office and function:		Grade:	
Date and time of attack:		First date of absence as a result of the attack:	
Number of weeks annual leave taken in the 13 weeks prior to the attack			
I certify that the information I have given on this form is to the best of my knowledge correct.			
Signed:		Date:	
Authorising manager's name:		Contact number:	
Authorising managers email address:			

## Section B – completed by HRSC Attendance

Total of Non-basic earnings for last 13 weeks, excluding any weeks during December					
Scheduled attendance	Overtime	NDA	Saturday Premium	Other	Total
13 weeks from					
To					
Administrator's name:				Date:	
Contact number:					

## Section C – completed by HRSC, Attendance Quality Control

Calculation checked by :	Date:
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Document Title	Version	Date Issued	Review Date	Author	Location Stored
Dog Attack Compensation claim form	04.0 - July 2018	April 2013	July 2018	Attendance Management Team	PSP Policy & Information site