# Study leave claim form – Lead Employer

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| Notes  * To be used by Community and Sexual Health, Palliative Medicine, Sport and Exercise Medicine * Please complete **one form per activity** * The form needs to be completed electronically * Only expenses estimated on the initial application will be considered * Standard rates are outlined in the [Study Leave policy](http://www.eastmidlandsdeanery.nhs.uk/policies/study_leave/ResourcesGuidance) * Ensure to provide receipts and proof of attendance * Email the completed form along with the evidence to the [Study Leave Coordinator](http://www.eastmidlandsdeanery.nhs.uk/policies/study_leave/GettingSupport) at the Trust where you were based at the time of the activity * All claims need to be submitted **within 8 weeks** of finishing study leave or receiving approval on Accent Leave Manager, as per the [Study Leave policy](http://www.eastmidlandsdeanery.nhs.uk/policies/study_leave/ResourcesGuidance) |

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| **ADMIN USE ONLY** | |
| 🗸 Form and receipts checked |  |
| 🗸 Total amount of claim is in line with original approved application |  |
| 🗸 Expense record updated on Accent Leave Manager |  |
| 🗸 Admin: Keep this form and receipts on file |  |
| **Notes:** | |

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| **APPLICANT INFORMATION** | | | |
| **Surname** |  | **First Name** |  |
| **GMC Number** |  |  |  |

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| **ACTIVITY DETAILS** | | |
| **Activity Title** |  | |
| **Venue** |  | |
| **Dates** | FROM: | TO: |

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| **CLAIM PART 1: ACTIVITY FEES (Exam fees are not reimbursed)** | | **AMOUNT CLAIMED** |
| **Fee** |  | £ |

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| **CLAIM PART 2: TRAVEL EXPENSES** | | | | **AMOUNT CLAIMED** |
| **Mileage** | FROM: | | TO: | **£** |
| **Number of miles claimed** |  | **@ 30p a mile =** | £ |
| **Public transport** |  |  |  | **£** |
| **Car park fees** |  |  |  | **£** |

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| **CLAIM PART 3: SUBSISTENCE** | | **AMOUNT CLAIMED** |
| **Accommodation** |  | **£** |
| **Meals** |  | **£** |