A CORONAVIRUS JOB RETENTION SCHEME CLAIM FORM – Version 2

LIMITED COMPANY VERSION

*Please complete all details marked with a **

MONTH OF CLAIM*:	Guidance notes: The period of claim is the start date of the furlough to the end date. This could be different for each employee and should be outlined below. If you are also a client of The John Doyle Partnership we will have the details of your UTR and company registration numbers on record so leave these boxes blank. If you are 'Paytec only' then please provide this data. The bank details need to be written clearly so that no mistakes are made. Please write in the employee's full name. We have a record of employee numbers and NI numbers so leave these fields blank. The start of furlough date will be 'continuing from last claim' or the start date of this furlough period. The end of furlough date will be the final day of the furlough period or you can write the words 'continuing to next claim' in the field. Please e-mail if you have any questions. Please note that we are unable to process claims if forms are not fully completed and signed. As of 1st July 2020, employees can be flexi-furloughed on a part-time basis. Employer's may offer employees to work some of their original contracted hours and pay furlough for the remaining days/hours in which the employee cannot work. If you are taking advantage of this, please ensure that you clearly state the hours/days that your employee would have been contracted originally and the hours/days they are able to work moving forward. It is vital that this detail is clear as it will affect the calculation of the claim. If you need more space to explain each case, please accompany this form with a letter or email showing the further details.
This needs to be the payroll cut off dates e.g 01/07/2020 to 31/07/2020	
CONTACT NAME*:	
COMPANY NAME*:	
TELEPHONE NUMBER*:	
COMPANY UTR (TEN DIGITS):	
COMPANY REGISTRATION NUMBER:	
BANK NAME*:	
BANK SORT CODE*:	
BANK ACCOUNT NUMBER*:	

B EMPLOYEE DETAILS:

*Please complete all details marked with a **

If an employee has multiple furloughed periods please use additional lines.

EMPLOYEE NAME*	EMP NO	NI NUMBER	START OF FURLOUGH* *if continued from last claim please state*	END OF FURLOUGH* *if continued into next claim please state*	HOURS/DAYS CONTRACTED	HOURS/DAYS ACTUALLY WORKED *	NOTES
Employee X			continued	07/07/20		08/07/20-31/07/20	End of Furlough. Worked 10 days
Employee Y			20/06/20	continued			Refurloughed
Employee Z			continued	continued	140 HRS	56 HRS	Flexi Furlough. Works 2 days per week from 01/07/2020

DECLARATION: I understand that I can only claim for furloughed employees that were on my PAYE payroll on or before 19 March 2020. Employees hired after this date cannot be furloughed and have not been claimed for in accordance with this scheme. Employees listed as Flexi Furloughed have their hours or days worked indicated. The minimum furlough period is three weeks. No new employees can join the scheme after 30th June if they have not been previously furloughed for at least three weeks.

SIGNED AND DATED:

B EMPLOYEE DETAILS (CONTINUED):

EMPLOYEE NAME*	EMP NO	NI NUMBER	START OF FURLOUGH* *if continued from last claim please state*	END OF FURLOUGH* *if continued into next claim please state*	HOURS/DAYS CONTRACTED	HOURS/DAYS ACTUALLY WORKED *	NOTES