

RHONDDA CYNON TAF COUNCIL HONORARIUM REQUEST

All sections must be completed

Group:		Service Area:	
Name:		Pay No.	
Amount of honorarium (£): (based on difference between grades):		Percentage Applied – 25%, 50% or 75%	
Actual payment to be made (£):			
Payment Basis (monthly/one off payment)		Cost Centre:	
Start date:			
Period of honorarium:			
Review Date:			
Detailed Reasons for honorarium			
Line Manager			
Signature		Date	
Name:			
Service Director/Head of Service (Chief Officer)			
Signature		Date	
Name:			
HR Manager			
Signature		Date	
Name:		Date	