

ASSEMBLY MEMBERS' (SALARIES AND EXPENSES) DETERMINATION (NORTHERN IRELAND) 2016

AN ADMINISTRATIVE GUIDE TO CLAIMING FINANCIAL SUPPORT

The purpose of this document is to assist Members in recovering admissible expenditure under the terms of the 2016 Determination. This document is a detailed guide to the administrative processes to be followed in claiming support.

This guide has been produced by the Finance Office, Room 401, Parliament Buildings, Stormont, Ballymiscaw, Belfast, BT4 3XX

CONTENTS

| | | Page No |
|-----------|---|---------|
| Section 1 | Administration of financial support | |
| | Introduction | S1 - 3 |
| | Principles for claiming support | S1- 4 |
| | Provision of goods and services | S1 - 5 |
| | Role of Finance Office | SI - 5 |
| | Review of Decisions and improper claims | SI - 6 |
| | Audit | SI - 7 |
| | Publication of Expenditure | SI - 7 |
| | Annexes | S1 - 8 |
| Section 2 | A Guide to Payroll – Salaries, Allowances and Support staff Costs | |
| | Introduction to Payroll | S2 - 2 |
| | Members' Salaries | S2 - 4 |
| | Allowances | S2 - 6 |
| | Support Staff Costs | S2 - 9 |
| | Salary Scales | S2 - 12 |
| | Annexes | S2 - 14 |
| Section 3 | A Guide to Expenses | |
| | Introduction to Expenses | S3 - 1 |
| | Expenses | S3 - 2 |
| | Constituency Office Expenses | S3 - 4 |
| | Other Expenses | S3 - 9 |
| | Annexes | S3 - 12 |



SECTION 1

Administration of Financial Support to Members

1. INTRODUCTION

- Financial support for Members is provided under the terms of the Assembly Members (Salaries and Expenses) Determination (Northern Ireland) 2016 (the Determination). All previous Determinations are revoked.
- The Determination is published by the Independent Financial Review Panel (IFRP) under the powers conferred on it by Section 2 of the Assembly Members (Independent Financial Review and Standards) Act (Northern Ireland) 2011.
- The purpose of financial support is to ensure that a Member does not suffer a financial detriment by reason of expenses incurred in connection with the exercise of functions as a Member, where "functions" are defined in Paragraph 47 (3) of the 2016 Determination.
- This document is issued on behalf of the Assembly Commission and sets out the administrative processes that apply and must be followed by Members to claim the available financial support. Salaries for Members (including Officeholders salaries) are covered in Section 2 of this document.
- The purpose of this document is not to replicate the details of the 2016 Determination or provide commentary on the accompanying Handbook. This document should be used in conjunction with both the Determination and the Handbook. The full details of which can be accessed here: <u>http://ifrp.org.uk/wpcontent/uploads/2016/03/Assembly-Members-Salaries-and-Expenses-Determination-Northern-Ireland-2016.pdf</u>. The Handbook is published on the Assembly's intranet (AssISt). It is also available on the Assembly Commission website or by clicking on the following link:

http://www.niassembly.gov.uk/your-mlas/financial-support-to-members-and-political-parties/

2. PRINCIPLES FOR CLAIMING SUPPORT

- 2.1. The payment of salary or recovery of any expenditure (including support staff costs) under the 2016 Determination is subject to full compliance with requirements of the Determination. This guidance is intended to facilitate compliance with the Determination. Failure to comply may result in the non-payment of expenses and, where appropriate, the recoupment of payments. The provisions of Part 2, Paragraph 24 of the Determination requires an annual "Declaration of Compliance" (MF12) is submitted by each Member. Payments of expenses in subsequent years will be withheld until the declaration has been received. A copy of the Declaration is attached at Annex 1.1 for ease of reference.
- 2.2. In claiming financial support under the provisions of the 2016 Determination a Member is expected to adhere to the seven Nolan principles of public life and the Ten Principles that were agreed by political parties and the Assembly Commission in 2009. Both sets of principles have been attached at Annex 1.2 and 1.3, for ease of reference.
- 2.3. Prior to submission, all claims, including those for support staff costs, should be assessed against the requirements of the Determination, the application of these principles and the guidance contained in this working guide. If there are any areas of uncertainty a Member should contact the Finance Office to discuss the appropriateness of a claim in advance of submitting it.
- 2.4. Claims for expenses **must** only be made for expenditure that has been actually incurred by the Member, in connection with the Member's exercise of functions, and that has not been recovered from any other person, nor reimbursed to the Member by any other person.
- 2.5. All claims, including requests for recovery of support staff costs, **must** be submitted in the manner prescribed in this guidance.
- 2.6. All claim forms and declarations **must** be certified by a Member with an original signature. Stamps, scanned signatures or photocopies are not acceptable. Members will be asked to provide three sample signatures which will be used for verification purposes. Each claim will be verified by the Finance Office. Where there is any doubt on the validity of a signature, a Member will be asked to confirm that it is their original signature.
- 2.7. When appropriate all claims **must** be supported with original documentation. Details of the documentation required are given in each section of this guide. In

exceptional circumstances where the original documentation is not available for submission, a Member should get prior approval from the Finance Office to submit alternatives.

Copies of claims forms and declarations are available electronically from the Finance Office pages of AssISt.

3. **PROVISION OF GOODS AND SERVICES**

- 3.1. Invoices provided by third parties must contain the following information:
- Name and address of supplier;
- Tax point date;
- Detail of the nature/type of service/goods provided.
- If it is for the provision of a service, details of the agreed rate and or materials used.
- 3.2. While a copy of any contract for services is not required to be submitted to Finance for the payment of claims, Members are reminded of their obligations under the provisions of Paragraph 22 of the Determination to keep all financial records, including copies of quotations and contracts.

4. <u>ROLE OF THE FINANCE OFFICE</u>

- 4.1. Under the Commission's direction, the Members' Financial Services Team (including the pay team) within the Finance Office, is responsible for the administration of financial support to Members. The exception to this is the administration of the Assembly Members Pension Scheme and the centrally operated pension scheme for Members' support staff. These pension schemes are administered by the HR Pensions Team. The Finance Office ensures compliance with the Determination and assists Members in budgeting expenditure, by producing monthly expenditure reports.
- 4.2. In applying the rules and guidance for claiming financial support, the Finance Office may make such arrangements as is deemed appropriate for the administration of the Determination. Under this authority the Finance Office may:-

- 4.2.1. On the submission of a claim by a Member, reimburse expenses incurred by that Member, or make a payment for support staff costs;
- 4.2.2. Issue clarification or guidance to Members on the operation of the rules for claiming financial support;
- 4.2.3.Set the form and manner in which claims and declarations must be submitted;
- 4.2.4.Set the time limits for the submission of the claims and ensure that the consequences of non-compliance, as detailed in Paragraph 43 of the Determination, are applied in full.
- 4.3. In considering any matter under the Determination, the Finance Office shall consider whether a Member has adhered to the guidance issued.

5. <u>REVIEW OF DECISIONS AND IMPROPER CLAIMS</u>

- 5.1. If a Member has a concern regarding any decision in relation to the payment of a claim or the application of this guidance, the matter can be referred to the Head of Finance. This must be submitted in writing. The appeal form (Form MF 11) is attached at Annex 1.4. The Head of Finance will consider the concerns raised and review the decision. In doing so he/she will seek to ensure that the Determination, rules and guidance have all been applied correctly and consistently by the Finance Office. The outcome of an appeal will be notified to the Member within 10 working days.
- 5.2. Following notification of the outcome of the appeal, if a Member still has a concern regarding a decision they may wish to refer the matter in writing to the Clerk/ Chief Executive. The Clerk/Chief Executive's decision will be final. Neither the Head of Finance nor the Clerk/Chief Executive can authorise a claim for payment if the claims falls outside the provisions of the Determination. To do so would result in irregular expenditure.
- 5.3. The rules of the Determination and this guidance will be used to scrutinise every claim for financial support. In applying the rules and guidance the Finance Office may seek clarification on a claim. Any breaches of the rules, which may be highlighted, as a result of the scrutiny from the Finance Office or from external and internal audit reviews, will be fully investigated by the Head of Finance. If it is found that a payment has been made in error, then the sanctions contained within the Paragraph 43 of the Determination will be applied. If appropriate, further action may be taken under the Fraud and Bribery Response Plan or a referral may be made to the Assembly Commissioner for Standards for further consideration or investigation.

6. <u>AUDIT OF MEMBERS' CLAIMS</u>

- 6.1. All payments to Members will be the subject of an annual audit by the Northern Ireland Audit Office (NIAO).
- 6.2. In the interest of openness and transparency, the Internal Audit Team will undertake a further audit annually to assess the compliance with the Determination. A random sample of twenty-five per cent of Members will be selected. This audit will also include site visits to constituency offices as appropriate. Under Paragraph 22 of the Determination Members must keep financial records sufficient to show and explain how the Member's expenses were incurred and recovered. Paragraph 33 (9) of the Determination also requires that Members must keep records sufficient to show and explain the Member's staff records. All documents should be made available for review by auditors as required.

7. <u>PUBLICATION OF EXPENDITURE</u>

7.1. As required by Standing Order 76 (2) the Speaker will publish information on expenses reimbursed to or recovered by Members under these arrangements in the form and at the intervals determined to be appropriate. Currently expenses are published quarterly on the Northern Ireland Assembly website at: <u>www.niassembly.gov.uk</u>.

| Section 1 - Annexes | |
|---------------------|---|
| Annex 1.2 | Form MF12 – Constituency Office Expenses – annual declaration |
| Annex 1.2 | The Seven Principles of Public Life |
| Annex 1.3 | Ten Principles |
| Annex 1.4 | Form MF11 - Constituency Office Expenses -Declined Payment |



Form MF 12 Constituency Office Expenses

Annual Declaration

Until this form is completed and returned, no payments will be processed in the forthcoming financial year.

| Year | t | to | | |
|---------------|---|----|------------|--|
| Address: | | | | |
| Postcode: | | | Telephone: | |
| Constituency: | | | | |

I certify that:

I have read, understood and fully complied with the requirements of the

- (a) Assembly Members (Salaries and Expenses) Determination (Northern Ireland) 2016.
- (b) I have read, understood and complied fully with the guidance issued by the Finance Office.
- (c) I have kept financial records sufficient to show and explain expenses incurred and recovered.

Where rent/rates are being claimed:

- (d) I have attached details of opening hours and contact details
- (e) The office signage has **not** been amended.

When complete, please forward this form to:

Members Financial Services,

Room 401, Parliament Buildings, Stormont Estate, Ballymiscaw, Belfast BT4 3XX

| Signed: | | Date: | |
|-------------|-----|-------------------|--|
| Print Name: | MLA | Telephone Contact | |

THE SEVEN PRINCIPLES OF PUBLIC LIFE

Identified by the Nolan Committee in their First Report on Standards in Public Life - May 1995.

Principle 1: Selflessness

Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family or their friends.

Principle 2: Integrity

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties.

Principle 3: Objectivity

In carrying out public business, including making public appointments, awarding contracts or recommending individuals for awards or benefits, holders of public office should make choices on merit.

Principle 4: Accountability

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Principle 5: Openness

Holders of public office should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

Principle 6: Honesty

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

Principle 7: Leadership

Holders of public office should promote and support these principles by leadership

and example

TEN PRINCIPLES

In consultation with Party Leaders in 2010, a set of Ten Principles to guide the framework of financial support was agreed. These principles still underpin the financial support framework and the arrangements for claiming the support.

Principle 1

Members of the Legislative Assembly (MLAs) have a duty to observe the seven Nolan principles of public life in all aspects of incurring and claiming expenditure.

Principle 2

MLAs have a right to be properly supported in carrying out their Assembly functions.

Principle 3

Any amount claimed **must** be in respect of expenditure that has been wholly, exclusively and necessarily incurred in respect of a Member's Assembly functions.

Principle 4

The system for claiming expenditure incurred by MLAs in performing their Assembly functions should be based on the recovery of actual expenditure, not on an entitlement to allowances.

Principle 5

Openness and transparency about expenditure incurred by MLAs will predominate, subject only to data protection, security considerations and inordinate or disproportionate costs.

Principle 6

Resources provided to enable MLAs to undertake their Assembly functions must not, directly or indirectly, benefit party political funding or be used for party political activities.

Principle 7

Arrangements should be avoided which may give rise to an accusation that an MLA, or someone close to an MLA, is obtaining an element of profit from public funds, or that public money is being diverted for the benefit of a political organisation.

Principle 8

MLAs will seek to ensure that any expenditure incurred provides value for money for the tax-payer.

Principle 9

MLAs will take personal responsibility for ensuring that any claims made in their name for expenditure incurred in respect of their Assembly functions are correct and proper.

Principle 10

For all expenditure claimed, MLAs must act within the spirit of the rules as well as within the letter of the rules. The Assembly Commission (the "Commission") will publish the rules and detailed guidance on the system for claiming expenses, and Assembly officials will provide any further guidance that may be required by MLAs.



Constituency Office Expenses MF 11 Declined Payment Appeal

To: Head of Finance, Room 414 Parliament Buildings Stormont Estate Ballymiscaw Belfast

BT4 3XX.

| Date claim submitted | |
|----------------------------------|--|
| Date claim returned | |
| Reason given for non- payment | |

I would like to appeal the decision not to process the above claim for the following reason(s): (please quote the paragraph of the Determination, or guidance that you wish to have the appeal considered under)

| | 9 | | |
|-------------|-----|-------------------|--|
| Signed: | | Date: | |
| Print Name: | MLA | Telephone Contact | |





SECTION 2

A Guide to Payroll Salaries, Allowances and Support Staff Costs.

1. INTRODUCTION TO PAYROLL

- 1.1. This section of the guidance is intended to provide an overview of the role and function of the Pay Team within the Members Financial Services Team, within the Finance Office.
- 1.2. On behalf of the Assembly Commission, the Pay Team administers Part 1 and Part 3 of the Assembly Members (Salaries and Expenses) Determination (Northern Ireland) 2016, by paying salaries and any other allowances due to Members. This guidance is intended to provide an overview of the main points of the Determination issued by the Independent Financial Review Panel. For further detail and explanations, please refer directly to the Determination.
- 1.3. The appropriate information and claim forms are attached to this guidance to enable Members to receive the full amount of remuneration to which they are entitled.
- 1.4. The Pay Team also provides a payroll function for support staff on behalf of the Members who employ them, as provided for in Part 4 of the Determination. The Pay Team calculates and administers the payment of salaries and statutory benefits, and pays over to Her Majesty's Revenue & Customs (HMRC) the relevant monthly deductions in respect of tax (PAYE) and national insurance (NIC).
- 1.5. Payroll forms are enclosed in the Annexes to this section and are also available, electronically, on the Assembly's intranet (AssISt). As noted in Section 1, paragraph 2.6 only original, signed forms, accompanied by valid documents, as appropriate, will be accepted as properly authorised instructions for any additions or amendments to the payroll. Instructions to make amendments to payroll must be received by the 10th calendar day of each month to ensure that these are reflected in correct month's payroll. Anything received after that date may not be processed, but instead may be processed the following month.
- 1.6. To assist Members, a summary of key information has been included on many of the payroll forms. This provides a basic outline of entitlement to statutory absence benefits. Where appropriate, the forms include references to the more detailed explanations which Members may require to enable them to properly discharge their responsibilities as employers.
- 1.7. It is important to note that while the Pay Team can provide general advice on payroll procedures, specialist legal advice on more complex employment issues is a matter for each individual Member. The full contact details of the Pay Team are given below:

Pay Team contacts are as follows:

| Sheila Mawhinney, Pay Team manager | Tel: (028) 9041 8328 |
|---------------------------------------|----------------------|
| Darren Cairnduff, Pay Team supervisor | Tel: (028) 9052 1368 |
| Helen McAvoy, Pay Team supervisor | Tel: (028) 9041 8362 |
| Jacqueline McGarrity, Payroll clerk | Tel: (028) 9041 8349 |
| George Moore, Payroll clerk | Tel: (028) 9052 1754 |

2. <u>MEMBERS' SALARIES</u>

Members' salaries

- 2.1. Members' salaries are set out in Table 1 of the Determination. A Member's is £49,000 pa from the 6 May 2016. Thereafter, this amount will increase by £500 each year on 1 April, if the Consumer Price Index for the previous September is 1% or more.
- 2.2. Members' salaries are pro-rata from the date that a Member takes up office, i.e. the date that the Member signs the Roll of Membership. Where a Member leaves the Assembly, salary is paid up to and including the last day in office.
- 2.3. If a Member is an office holder, they are entitled to one of the following salaries which will replace their basic Member's salary from 6 May 2016:

| Member of the Commission | £55,000 |
|--|----------|
| Chairperson of a Statutory Committee or of the PAC | £61,000 |
| Speaker | £87,000 |
| Principal Deputy Speaker or Deputy Speaker | £55,000 |
| First Minister or deputy First Minister | £121,000 |
| Other Ministerial office | £87,000 |
| Junior Minister | £55,000 |

- 2.4. Officeholders' salaries are payable for each day or part of day that the offices are held.
- 2.5. Where a Member holds more than one office e.g. a Member of the Commission and Speaker, only the salary for the highest paid category of office will be paid.
- 2.6. If a Member is also an MEP or a *salaried* office bearer in the House of Lords, they will not receive a Member's salary. If they are an office holder in the Assembly, they will be entitled to the additional amount attributed to that office.
- 2.7. There are a number of rules that apply specifically to salaries following dissolution of the Assembly, during an election period. Separate guidance will be issued by the Finance Office in these circumstances. However, Members may wish to note, in any year following an election of the Assembly, the provisions of the Northern Ireland (Miscellaneous Provisions) Act may apply. If an individual who is an elected represented for the Houses of Parliament at Westminster is elected as a Member of the Legislative Assembly, they have a period of 8 days to decide which seat they wish to take up before they are disqualified from the Assembly.
- 2.8. On joining the Assembly following an election, or on co-option into the Assembly during a mandate, Members are required to fill in a New Members Details Form (Form N1). Should a Member not have a P45, an Employee Starter Checklist should also be completed and returned to the Pay Team.
- 2.9. A Member will receive only 10% of their salary during a period of imprisonment.

- 2.10. As salaries must be paid into a bank or building society account for which the Member, or the Member and their spouse/civil partner/cohabitee, are the only signatories, the New Member Details form requires a Member to provide confirmation of this.
- 2.11. Members who wish to consider a salary sacrifice arrangement to purchase childcare vouchers, should note that a childcare voucher scheme has been established. The current voucher scheme is provided by "Employers for Childcare". More information on the use of childcare vouchers can be found on the Employers for Childcare website: http://www.employersforchildcare.org/. If a Member wishes to register for the scheme, they should contact the Pay Team directly.

3. <u>ALLOWANCES</u>

3.1. Under the provisions of Part 3 of the Determination, Members are entitled to annual travel allowances. There are two allowances payable, the Constituency Travel Allowance and Assembly Travel Allowances. Both allowances will be paid monthly as a flat rate allowance and as such they will be paid as a taxable amount through the payroll system. Any issues arising on the taxable treatment of mileage for business purposes is a matter for each individual Member. Both of the allowances are determined as a fixed amount per Constituency per annum and are set out in Tables 2 and 3. These allowances apply for travel undertaken **after** 6 May 2016. Travel undertaken by Members as part of a Committee trip may still be claimed for, however it is only the excess mileage over and above the distance between the constituency offices and Parliament Buildings that may be claimed on such occasions. Such claims must be approved by the Committee Clerk prior to submission to the Finance Office.

Assembly Travel Allowance

- 3.2. The Assembly Travel Allowance will not be payable to a Member who has the use of an official car to travel to the Assembly. For administrative purposes it will be assumed that the official car is used for all travel to the Assembly and as such no payments will be made. However, in any quarter should an official car not be used to attend the Assembly, the Member must notify the Pay Team in writing with details of the dates when privately owned transport was used. A retrospective payment will be made for these dates.
- 3.3. Members will also have to attend the Assembly for a minimum of 72 working days a year to be entitled to the full allowance. The allowance will be reduced by 1% for each day where attendance falls below this number. The allowance will be paid in equal monthly instalments, however annually each Member must make a declaration that they have attended for the minimum amount of days. This should be done on a Form AT1. Where the minimum attendance has not been met, recoupment of the overpayment will be sought from the Member under the provisions of Paragraph 43 of the Determination. This will be achieved either by way of a direct repayment by the Member or by a reduction in subsequent monthly payments.

Annual Travel Allowances

| Constituency | Table 2: Annual Constituency Travel allowance | Table 3: Annual Assembly Travel allowance |
|-------------------------------|---|---|
| Belfast East | £250 | £600 |
| Belfast South | £250 | £600 |
| Belfast North | £250 | £600 |
| Belfast West | £250 | £600 |
| North Down | £250 | £900 |
| Foyle | £250 | £5,900 |
| Strangford | £750 | £1,100 |
| Lagan Valley | £750 | £1,600 |
| South Antrim | £750 | £1,800 |
| East Antrim | £750 | £3,000 |
| Upper Bann | £750 | £2,700 |
| South Down | £1,000 | £3,000 |
| North Antrim | £1,000 | £3,900 |
| Mid Ulster | £1,000 | £4,300 |
| Newry and Armagh | £1,000 | £4,300 |
| East Londonderry | £1,000 | £5,100 |
| West Tyrone | £1,250 | £6,000 |
| Fermanagh and South Tyrone | £1,250 | £6,200 |

Own property - Constituency Office allowance

3.4. Should a Member wish to use his/her own property as a constituency office, then a flat-rate taxable allowance of £2,000 may be claimed. This allowance should be claimed on a Form CO. On submitting a claim for this allowance, the Member must ensure that all other conditions on signage and notifying the Finance Office of opening hours are met. No other Constituency Office Expenses will be paid.

Leaving the Assembly

Resettlement Allowance /III- Health Retirement Allowance

3.5. At the next Assembly Election, if a Member chooses not to stand, or is not returned, they will be entitled to a Resettlement Allowance. This is equivalent to one month of their Member's salary only, for each full year of service, up to a maximum of six months. All arrangements for winding up their affairs as a Member must be completed before the Resettlement Allowance can be paid. This payment will not be made automatically. On leaving under these circumstances a Member must provide evidence to the Pay Team that the conditions contained within Paragraph 28 (4) of the Determination have been met in full. Only once this evidence has been provided to the Pay Team will the Resettlement Allowance be paid. Under current tax

legislation, these amounts fall below the tax threshold of £30,000, and as such will be paid tax free through the payroll system.

3.6. If a Member needs to resigns on ill-health grounds, they may be entitled to an Ill-Health Retirement Allowance. Under Paragraph 29 of the Determination there are a number of additional criteria that have to be met. To make an application for this allowance, a Member should write to the Assembly Commission ensuring that criteria in paragraph 29 are met. The Finance Office will then arrange an appointment with the medical practitioner appointed by the Commission. Following this consultation, the Commission will consider the medical report before reaching its final decision. If a Member meets the relevant criteria and the application is approved, this allowance is calculated in the same way as a Resettlement Allowance, but a Member may not receive both of these Allowances, nor may they return to the Assembly within six months of receiving either of them.

| The following Pay Team forms should be used to provide payroll information: | | |
|---|--|--|
| Form N1 – New MLA Payroll Form | | |
| Employee Starter Checklist | | |
| Form C1 – MLA Office Holder details (new appointment or change) | | |
| Form AT1 – MLA Confirmation of attendance | | |
| Form CO – Application for Constituency Office Allowance | | |
| | | |
| | | |

4. <u>SUPPORT STAFF COSTS</u>

- 4.1. A Member may recover the costs for employing staff. However, to do so the employees must be paid through the central payroll bureau operated by the Assembly Commission.
- 4.2. The following Category 1 & 2 costs will be paid on behalf of each Member by the Assembly, up to a maximum amount of £50,000 per annum:
 - 4.2.1. Support staff salaries;
 - 4.2.2. Statutory Sick pay; and Statutory Maternity, Paternity and Adoption Pay;
 - 4.2.3. Costs of replacement employees to cover long-term sick absence;
 - 4.2.4. Staff training costs of no more than £500 p.a., and staff recruitment costs not exceeding £500 per recruitment, can be reclaimed (form SR1).
- 4.3. For the latter costs at paragraph 4.2.4, these must be claimed by way of reimbursement from the Members Financial Services team.
- 4.4. Payments through the payroll bureau will not be activated unless all of the appropriate documentation is received. To initiate payments to employees Members must submit the following documents:
 - 4.4.1. New Support Staff Details Form;
 - 4.4.2. P45 or Employee Starter Checklist; and
 - 4.4.3. Recruitment Declaration (and associated paperwork advert, etc.); and
 - 4.4.4. Signed contract of employment.
- 4.5. For all employees, Category 3 staff costs will be paid centrally by the Assembly, on behalf of each Member and will not be charged against the £50,000 annual limit. These include:
 - 4.5.1. Employers National Insurance and Pension contributions;
 - 4.5.2. Statutory redundancy payments;
 - 4.5.3. Costs of replacement employees to cover maternity, paternity, parental and adoptive leave;
 - 4.5.4. Employers' liability insurance.
- 4.5. All employees, including those already employed before 1 January 2016 and still in employment on 6 May 2016, must be employed within three specified grades (1, 2 or 3); only one full time equivalent may be employed at Grade 3.
- 4.6. The total hours worked by all of a Member's employees must not exceed 74 hours per week, with no single employee working more than 37 hours per week. The total number of hours worked by an employee who works for more than one Member Section 2 Page 9

should also not exceed 37 hours. These conditions will be monitored by the Pay Team, and should an amendment to payroll form be received that would cause a Member to breach any of these conditions, it will be returned to the Member unprocessed.

- 4.7. Within these limits (i.e. the 37 hours limit for single employee and the 74 hours limit for all employees) a Member may choose to pay employees overtime for additional hours worked, however this will be payable at the normal hourly rate, no premiums can be paid. Any additional hours should be claimed on a Form OT1.
- 4.8. A Member cannot recover the salary costs for more than one person who is a 'connected person' and the Member must formally declare details of the connection on the New Support Staff Details form (Form A1). While the Determination does not limit the number of "associated persons" who may be employed, Members are required to make an additional declaration. Failure to make these declarations accurately or in a timely manner will mean that support staff costs cannot be paid.
- 4.9. Employee salaries will be paid into a bank/ building society account for which the employee, or the employee and their spouse/civil partner/cohabitee, are the only signatories. This must be confirmed in writing on the New Support Staff Details form (Form A1).
- 4.10. All employees must be appointed on merit by a fair and open recruitment process. A recruitment best practice guide is available for Members. This is published on the Finance Office pages of AssISt. Evidence of this recruitment process will be required <u>before</u> employees can be added to the payroll. A Recruitment Declaration form should be returned with all of the paperwork for new starters and sent directly to payroll.
- 4.11. All employees must be employed under the terms of the standard contract set out in the schedule to the Determination. An electronic version of this document is available from the Finance Office pages of AssISt. No payments for support staff costs will be payable until all of the paperwork is received by the Finance Office.
- 4.12. All employees must be paid according to the salary scale appropriate to their grade. These are set out in Tables 4 and 5 of the Determination and replicated here for ease of reference. New Grade 2 and Grade 3 employees must commence their salary on the minimum point of their scale. **No grade may exceed the maximum point on their scale.**
- 4.13. Grade 1 employees on Table 4 pay-scale **will** move to the next calendar pay band on an annual basis. This will be applied automatically by the Finance Office, within

the £50,000 annual limit. A Member will be contacted directly if there is insufficient funding available to apply the changes.

- 4.14. Grade 1 employees on Table 6 pay-scale may move up one point on this scale each year, subject to satisfactory performance. Members must notify the Pay Team in March each year if the pay point is to be amended as a result of a performance review. This should be notified on a Form PF1.
- 4.15. Grade 2 and Grade 3 employees may also move up a salary scale point each year provided that their performance is satisfactory. Members must notify the Pay Team in March each year if the pay point is to be amended as a result of a performance review. This should be notified on a Form PF1.
- 4.16. If the pay increases results in the £50,000 cap being exceeded, all employees (except Grade 1 Table 4 employees) may be assimilated onto a lower scale point with all employees at these grades being proportionately reduced.
- 4.17. Members will receive a monthly expenditure and budget report from the Members Financial Services Team, which will assist in the monitoring of these budgets.
- 4.18. On leaving the Assembly a Member will be able to recover support staff costs for up to a maximum of **three** months after the date on which the Member ceases to be a Member. The recovery of costs for salaries, and therefore the payment to support staff, during this period is not an automatic entitlement. Members must use a Form L1 to notify the payroll of staff leavers information, before any payments will be made.
- 4.19. Should a Member need to make an employee redundant, separate guidance has been prepared to assist Members with this process. This guidance is available from the Finance Office pages of AssISt.

| The following Pay Te | eam forms should be used to provide support staff payroll information |
|----------------------|---|
| Annex 2.6 | Form A1 – New Support Staff details |
| Annex 2.7 | Employee Starter checklist |
| Annex 2.8 | Form DC1 – Declaration of Compliance on Recruitment |
| Annex 2.9 | Form SR1 – Reimbursement of Recruitment Expenses |
| Annex 2.10 | Form A2 – Support staff contract amendments |
| Annex 2.11 | Form L1 – Notification of leaver |
| Annex 2.12 | Form M1 – Staff maternity leave |
| Annex 2.13 | Form RD1 – Staff redundancy |
| Annex 2.14 | Form OT1 – Staff overtime |
| Annex 2.15 | Form P1 – Staff paternity leave |
| Annex 2.16 | Form PF1 – Staff performance review pay increase |
| Annex 2.17 | Form SA1 – Staff sickness absence |
| Annex 2.18 | Form SA2 – Staff sickness – Resumption of Duties |

SALARY SCALES

GRADE 1 STAFF

TABLE 4: Staff recruited after 6 May 2016,

OR staff employed before 1 January 2016 earning less than £16,000 p.a./£8.31 ph :

| Year | Annual Salary £ | Hourly rate £ |
|-------------------|-----------------|---------------|
| 6/5/16 to 31/3/17 | 16,000 | 8.31 |
| 1/4/17 to 31/3/18 | 16,500 | 8.57 |
| 1/4/18 to 31/3/19 | 17,000 | 8.83 |
| 1/4/19 to 31/3/20 | 17,500 | 9.09 |
| 1/4/20 to 31/3/21 | 18,000 | 9.35 |

TABLE 6: Staff employed before 1 January 2016 earning more than £16,000 p.a./£8.31ph should be assimilated on to the nearest point above their existing salary:

| Annual salary £ | Hourly rate £ |
|------------------------|---------------|
| 16,500 | 8.57 |
| 17,000 | 8.83 |
| 17,500 | 9.09 |
| 18,000 | 9.35 |
| 18,250 | 9.48 |
| 18,500 | 9.61 |
| 18,750 | 9.74 |
| 19,000 | 9.87 |
| 19,250 | 10.00 |
| 19,500 (maximum point) | 10.13 |

GRADE 2 AND GRADE 3 STAFF

TABLE 5:

Staff recruited after 6 May 2016 should commence on the **minimum** salary point of this scale

Staff employed before 1 January 2016 should be assimilated on to the nearest point **above** their existing salary

| GRADE 2 | Hourly rate £ |
|------------------------|---------------|
| Annual Salary £ | |
| 19,750 (minimum point) | 10.26 |
| 20,000 | 10.39 |
| 20,250 | 10.52 |
| 20,500 | 10.65 |
| 20,750 | 10.78 |
| 21,000 | 10.91 |
| 21,250 | 11.04 |
| 21,500 | 11.17 |
| 21,750 | 11.30 |
| 22,000 | 11.43 |
| 22,250 | 11.56 |
| 22,500 (maximum point) | 11.69 |

| GRADE 3 Annual Salary £ | Hourly rate £ | |
|----------------------------|---------------|--|
| 22,750 (minimum point) | 11.82 | |
| 23,000 | 11.95 | |
| · · | | |
| 23,250 | 12.08 | |
| 23,500 | 12.21 | |
| 23,750 | 12.34 | |
| 24,000 | 12.47 | |
| 24,250 | 12.60 | |
| 24,500 | 12.73 | |
| 24,750 | 12.86 | |
| 25,000 | 12.99 | |
| 25,250 | 13.12 | |
| 25,500 | 13.25 | |
| 25,750 | 13.38 | |
| 26,000 | 13.51 | |
| 26,250 | 13.64 | |
| 26,500 | 13.77 | |
| 26,750 | 13.90 | |
| 27,000 | 14.03 | |
| 27,250 | 14.16 | |
| 27,500 (maximum point) | 14.29 | |



FORM N1 - NEW MLA PAYROLL FORM

This form should be completed, signed and returned by 10th of the month when an MLA salary is to commence to ensure inclusion on the payroll for that month.

| YES/NO please delete as appropriate |
|-------------------------------------|
| |
| |
| |
| YES/NO please delete as appropriate |
| YES/NO please delete as appropriate |
| |

1. Personal information



| Northe Ass | rn Ireland embly | | AIMEX 2.1 |
|---------------|-----------------------------|-------|--------------|
| | A member of the House of | | |
| | Lords? | | |
| | 4. Bank details | | |
| | Name of Bank/ Building So | ciety | |
| | Sort code | | |
| | Account name | | |
| | Account number | | |
| | Details of all signatories: | Name | Relationship |
| | | | |
| | | | |
| | | | |
| | 5. Confirmation | | |
| | Name | | |
| | Signature | | |
| | Date | | |

If you have any queries about the information required on this form, please contact the Pay Team in Room 401, Parliament Buildings.

| Sheila Mawhinney, Pay Team manager | Tel: (028) 9041 8328 |
|---------------------------------------|----------------------|
| Darren Cairnduff, Pay Team supervisor | Tel: (028) 9052 1368 |
| Helen McAvoy, Pay Team supervisor | Tel: (028) 9041 8362 |
| Jacqueline McGarrity, Payroll clerk | Tel: (028) 9041 8349 |
| George Moore, Payroll clerk | Tel: (028) 9052 1754 |



Employee Starter Checklist

This form is to be completed only by new employees who do not have a P45.

| 1. Employee's personal deta | ils | |
|---|--|--|
| Last name or family name | | |
| First name(s) | | |
| Are you male or female? | Male Female | |
| Date of Birth eg dd mm yyyy | | |
| Home address | | |
| Address line 1 | | |
| Address line 2 | | |
| Address line 3 | | |
| Address line 4 | | |
| Postcode | | |
| (if your address is in the UK) | | |
| National Insurance number | | |
| Employment start date eg dd mm yyyy | | |
| 2. Employee statement | | |
| You need to select only one of the following statements A , B or C | A – This is my first job since 6 April and I have not been receiving taxable Jobseeker's Allowance, Employment and Support Allowance, taxable Incapacity Benefit, State or Occupational Pension | |
| | B – This is now my only job but since last 6 April I have had another job, or received taxable Jobseeker's Allowance, Employment and Support Allowance or taxable Incapacity Benefit. I do not receive a State or Occupational Pension | |
| | C – As well as my new job, I have another job or receive a State or Occupational Pension | |
| I have a Student Loan which is not fully repaid and I left a course of UK Higher education before last 6 April and I received my first Student Loan instalment ONO OYes on or after 1 September 1998. | | |
| Select 'No' if you are repaying you Company by agreed monthly paym | r Student Loan direct to the Student Loans nents. | |
| | here after you have completed the form. | |
| Full name and | | |

L

signature



This form should be used to inform Pay Team when a Member is appointed to any of the following offices, changes office, or ceases to hold office:

- a. Member of the Assembly Commission
- b. Chairperson of a statutory Committee or the PAC
- c. Speaker of the House
- d. Principal Deputy Speaker or Deputy Speaker
- e. First Minister or deputy First Minister
- f. Junior Minister
- g. Minister

The form should be completed, signed and returned by **10th of the month** when an Office Holder's salary is to commence, or cease, to ensure that an over-or under-payment does not arise in the payroll for that month.

1. Personal information

| Surname | |
|-----------------------------|-------------------------------------|
| Forename | |
| Constituency | |
| 2. Office details | |
| Name of Office | |
| Date of appointment | |
| Date of cessation | |
| Will you have the use of an | YES/NO please delete as appropriate |
| official car? | |
| 3. Confirmation | |
| Name | |
| Signature | |
| Date | |
| | |

If you have any queries about the information required on this form, please contact the Pay Team in Room 401, Parliament Buildings.

Sheila Mawhinney, Pay Team managerTel: (028) 9041 8328Darren Cairnduff, Pay Team supervisorTel: (028) 9052 1368Helen McAvoy, Pay Team supervisorTel: (028) 9041 8362Jacqueline McGarrity, Payroll clerkTel: (028) 9041 8349George Moore, Payroll clerkTel: (028) 9052 1754



FORM AT1 – MLA CONFIRMATION OF ATTENDANCE

This form is required under the Assembly Members [Salaries and Expenses] Determination [Northern Ireland] 2016 to confirm that an MLA is entitled to receive an Annual Assembly Travel Allowance.

The form should be completed, signed and returned to Pay Team no later than **4 April** each year.

| 1. Personal information | |
|---|---------------------------------------|
| Surname | |
| Forename | |
| Constituency | |
| 2. Attendance details | |
| During the year ending 31 March | [year] |
| (i) I can confirm that I have kept a record of my attendance at the Assembly | YES/NO (please delete as appropriate) |
| (ii) I can confirm that I have attended the Assembly at least72 working days, OR | YES/NO (please delete as appropriate) |
| (iii) I can confirm that I have only attended the Assembly on this number of working days, AND | [Number of days attended] |
| (iv) I understand that my Assembly travel allowance will be reduced accordingly | YES/NO (please delete as appropriate) |
| 3. Confirmation | |
| Name | |
| Signature | |
| Date | |

Section 2 – Page 18



If you have any queries about the information required on this form, please contact the Pay Team in Room 401, Parliament Buildings.

| Sheila Mawhinney, Pay Team manager | Tel: (028) 9041 8328 |
|---------------------------------------|----------------------|
| Darren Cairnduff, Pay Team supervisor | Tel: (028) 9052 1368 |
| Helen McAvoy, Pay Team supervisor | Tel: (028) 9041 8362 |
| Jacqueline McGarrity, Payroll clerk | Tel: (028) 9041 8349 |
| George Moore, Payroll clerk | Tel: (028) 9052 1754 |



FORM CO – APPLICATION FOR CONSTITUENCY OFFICE ALLOWANCE

This form is required under the Assembly Members [Salaries and Expenses] Determination [Northern Ireland] 2016 to enable an MLA to receive a Constituency Office Allowance.

A member is entitled to a taxable allowance at the rate of £2,000 per annum if he/she uses their own property as a constituency office. A member may only claim this allowance if the office meets all the conditions set out in the Determination at Paragraph 13 (7) on opening hours and at Paragraph 14 on signage. If this allowance is claimed, no rent, rates, or any other operating expenses as set out in paragraphs 11 to 17 of the Determination may be recovered.

The form should be completed, signed and returned to Pay Team no later than **4 April** each year.

| Surname | | |
|---|-------------------------------------|--|
| Forename | | |
| Constituency | | |
| 2. Property details | | |
| Address of property | | |
| (i) I confirm that I own this property | YES/NO please delete as appropriate | |
| (ii) I confirm that I use this property as my constituency office | YES/NO please delete as appropriate | |
| (iii) I confirm that the property meets the conditions on signage (para. 13 (7) and opening hours (para 14) of the Determination | YES/NO please delete as appropriate | |
| (iv) I confirm that I have made no other claims in respect of constituency expenses under para 11 – 17 of the Determination | YES/NO please delete as appropriate | |
| 3. Confirmation | | |
| Name | | |
| Signature | | |
| Date | | |

1. Personal information



If you have any queries about the information required on this form, please contact the Pay Team in Room 401, Parliament Buildings.

Sheila Mawhinney, Pay Team managerTel: (028) 9041 8328Darren Cairnduff, Pay Team supervisorTel: (028) 9052 1368Helen McAvoy, Pay Team supervisorTel: (028) 9041 8362Jacqueline McGarrity, Payroll clerkTel: (028) 9041 8349George Moore, Payroll clerkTel: (028) 9052 1754



FORM A1 - NEW SUPPORT STAFF PAYROLL FORM

This form should be completed, signed and returned by 10th of the month when a new support staff salary is to commence, in order to ensure inclusion on the payroll for that month.

References to 'the Definition' are to the Assembly Members [Salaries and Expenses] Determination [Northern Ireland] 2016.

1. MLA employer information

| Surname | |
|-------------------------------------|-------------------------------------|
| Forename | |
| Constituency | |
| 2. Employee information | |
| Title | |
| Surname | |
| Forename(s) | |
| Preferred forename | |
| Date of birth | |
| Home Address | |
| | |
| | |
| Postcode | |
| Is this a Connected Person within | YES/NO please delete as appropriate |
| the definition of paragraph 45 of | |
| the 2016 Definition? | |
| If so, state details of connection | |
| Is this an Associated Person within | YES/NO please delete as appropriate |
| the definition of paragraph 46 of | |
| the 2016 Definition? | |
| If so, state details of association | |
| | |



3. Job details

| S | Job title | | | |
|---|---|-----------------------|------------------------|-------------------|
| | Grade | | | |
| | Annual salary AND hourly rate [per salary scales at Tables 4,5 and 6 of the Determination] | | | |
| | Hours worked per week | | | |
| | Start date | | | |
| | End date [if fixed term or temporary] | | | |
| | Was this person in your employment before 1 January 2016? | YES/NO p appropria | blease delete as te | |
| | Please tick to indicate that the following documents are attached as pay details will not be processed without them: | | | |
| | Employment contract attached | | | |
| | Declaration of Compliance on Recruitment [Form DC1] attached | | | |
| | 4. Replacement employees | | | |
| | | | | Pay team use only |
| | Name of employee being replaced | | | |
| | Reason for replacement [tick one]: Sickness absence (category 1 cost) Maternity leave (category 3 cost) | | | |
| | Paternity leave (category 3 cost) Shared parental leave (category 3 cost) | | | |


5. Payroll information

| National insurance number | |
|--|-------------------------------------|
| P45 OR Starter Checklist attached | YES/NO please delete as appropriate |
| [Starter Checklist at Annex A] | |

6. Bank details

The Assembly Members [Salaries and Expenses] Determination [Northern Ireland] 2016, para. 1(2)(a) and (b), and para. 37(3)(a) and (b), restrict the signatories for a bank or building society account into which a salary is paid: without this declaration no monies will be paid.

| Name of Bank/ Building Society | | |
|--|---------------------------------------|--|
| Sort code | | |
| Account name | | |
| Account number | | |
| I confirm that: | | |
| I am the sole signatory to the above a | ccount OR | |
| I and my spouse/ civil partner/ cohab | itant are the only signatories to the | |
| above account | | |
| 7 MIA Declaration | | |

7. MLA Declaration

I confirm that the information provided on this form is accurate. I understand that the Pay Team will undertake all appropriate payroll functions in respect of this employee, and that this information will also be made available to other Finance Office staff to monitor the recovery of Category 1 staff costs.

| Name | |
|-----------|--|
| Signature | |
| Date | |

8. Employee Declaration

I confirm that I understand that Assembly Pay Team will undertake all appropriate payroll functions on behalf of my employer.

| Name | |
|-----------|--|
| Signature | |
| Date | |



If you have any queries about the information required on this form, please contact the Pay Team in Room 401, Parliament Buildings.

| Sheila Mawhinney, Pay Team manager | Tel: (028) 9041 8328 |
|---------------------------------------|----------------------|
| Darren Cairnduff, Pay Team supervisor | Tel: (028) 9052 1368 |
| Helen McAvoy, Pay Team supervisor | Tel: (028) 9041 8362 |
| Jacqueline McGarrity, Payroll clerk | Tel: (028) 9041 8349 |
| George Moore, Payroll clerk | Tel: (028) 9052 1754 |

Employee Starter Checklist

This form is to be completed only by new employees who do not have a P45.

| 1. Employee's personal de | etails |
|--|--|
| Last name or family name | |
| First name(s) | |
| Are you male or female? | O Male O Female |
| Date of Birth eg dd mm yyyy | |
| Home address | |
| Address line 1 | |
| Address line 2 | |
| Address line 3 | |
| Address line 4 | |
| Postcode (if your address is in the UK) | |
| National Insurance number | |
| Employment start date eg dd mm yyyy | |
| 2. Employee statement | |
| You need to select only one of the following statements A , B or C | A – This is my first job since 6 April and I have not been receiving taxable Jobseeker's Allowance, Employment and Support Allowance, taxable Incapacity Benefit, State or Occupational Pension |
| | B – This is now my only job but since last 6 April I have had another job, or received taxable Jobseeker's Allowance, Employment and Support Allowance or taxable Incapacity Benefit. I do not receive a State or Occupational Pension |
| | C – As well as my new job, I have another job or receive a State or Occupational Pension |
| | ot fully repaid and I left a course of UK Higher d I received my first Student Loan instalment ONO OYes |
| Select 'No' if you are repaying yo Company by agreed monthly pa | our Student Loan direct to the Student Loans yments. |
| | gn here after you have completed the form. |



Support Staff Costs FORM DC1 - DECLARATION OF COMPLIANCE ON RECRUITMENT

A form must be completed for EACH recruitment exercise prior to any payments being made to successful candidates.

| TITLE OF POST FILLED | |
|------------------------------|--|
| GRADE OF POST | |
| NAME OF SUCCESSFUL CANDIDATE | |

Checklist of documentation to be completed and forwarded to Payroll:

| 1 | Copy of Job Advert enclosed | |
|---|---|--|
| 2 | Job Description enclosed | |
| 3 | Person Specification enclosed | |
| 4 | All payroll documents as required on the new start form | |
| | | |

Please complete the following table with details of the recruitment

| | | Number of applicants | |
|---------------------------------------|------------------------|--|-------------|
| | Numbe | r of candidates interviewed | |
| | Numb | per of successful candidates | |
| has been made or under Paragraph 3 | merit, identified by a | rovided and confirm that th fair and open competition a Ireland Assembly Members and) 2016. | as required |

| Signed: | Ś | Date: | |
|----------------|-----|----------------------|--|
| Print Name: | MLA | Telephone Contact | |



Support Staff Costs FORM SR1 – REIMBURSMENT OF RECRUITMENT EXPENSES

The original receipts / invoices (stamped or marked paid) must be submitted for reimbursement.

Please enter the supplier name, service provided and amount payable

| Supplier | Service Provided | Invoice Total Amount |
|----------|-------------------------------------|-------------------------|
| | | £ |
| | | £ |
| | Total (must not exceed £500) | £ |

I, the undersigned certify that:

| Please t | tick |
|----------|------|
|----------|------|

| 1. | The expense has been incurred in relation to the following staff recruitment exercise |
|----|---|
| | Title of Post: |

Date of job advertisement: _____

- 2 In submitting this claim I have considered and applied the Ten Principles. This expenditure has been incurred in the exercise of my functions as a member and not recovered from any other source.
- 3 In submitting this claim I have complied fully with the requirement of the Assembly Members (Salaries and Expenses) Determination (Northern Ireland) 2016.
- 4 The payee **is not** a "connected person" as defined by the Assembly Members (Salaries and Expenses) Determination (Northern Ireland).
- 5 The payee is a resident or registered at a place within the European Union

| Signed: | | Date: | |
|----------------|-----|----------------------|--|
| Print Name: | MLA | Telephone Contact | |



FORM A2 – MLA SUPPORT STAFF CONTRACT AMENDMENTS

This form should be used primarily to inform Pay Team of any changes to the number of contractual hours worked, but it may also be used for any other amendments; it should be completed, signed and returned by 10th of the month in order to ensure inclusion on the payroll for that month.

It should be noted that the terms and conditions in the Staff Employment Contract have been set out in the Assembly Members [Salaries and Expenses] Determination [Northern Ireland] 2016 and **very few clauses may be varied**.

Any amendments specified in this form should clearly reflect the numbering and reference of the relevant clause in the current contract

| 1. MLA employer information | | | |
|-----------------------------|---------------------|--|--|
| Surname | | | |
| Forename | | | |
| Constituency | | | |
| 2. Employee information | on | | |
| Title | | | |
| Surname | | | |
| Forename(s) | | | |
| Date of birth | | | |
| 3. Contractual amendm | nents | | |
| Contract clause number: | Nature of amendment | | |
| 6 | | | |
| Effective date | | | |

1. MLA employer information



4. Declarations

9

| I acknowledge and agree to this amendment to the contractual terms of employment. | | | | |
|---|-----------|--|--|--|
| Employing M | LA: Name | | | |
| | Signature | | | |
| | Date | | | |
| Employee: | Name | | | |
| | Signature | | | |
| | Date | | | |
| | | | | |



This form should be used to inform Pay Team when a Member of an MLA's support staff leaves his employment *for any reason other than redundancy*.

The form should be completed, signed and returned **by 10th of the month** in order to avoid an overpayment on the payroll for that month.

| 1. MLA employer information | | | | |
|---|-------------------------------------|--|--|--|
| Surname | | | | |
| Forename | | | | |
| Constituency | | | | |
| 2. Employee information | | | | |
| Title | | | | |
| Surname | | | | |
| Forename(s) | | | | |
| Date of birth | | | | |
| 3. Leaving information | | | | |
| Last day of employment | | | | |
| Date notice was given | | | | |
| Notice was given by: | MLA / Employee - please delete as | | | |
| | appropriate | | | |
| Payment due in respect of unused | YES/NO please delete as appropriate | | | |
| annual leave | | | | |
| If so, state number of days or | | | | |
| Number of hrs (part-time staff only) | | | | |
| 4. Confirmation | | | | |
| I confirm that the above information is accurate and I request Pay Team to process it | | | | |
| accordingly. | | | | |
| MLA Name | | | | |
| Signature | | | | |
| Date | | | | |



FORM M1 – MLA SUPPORT STAFF MATERNITY LEAVE

This form should be used when a Member of an MLA's support staff goes on maternity leave, and should be returned to Pay Team no later than 4 weeks before the date when it is anticipated that the maternity leave will start. An employee has no entitlement to her salary during maternity leave but she may be entitled to Statutory Maternity Pay (SMP).

Leave entitlement

A member of staff must notify her employer no later than the end of the 15th week before the Expected Week of Confinement (EWC), or as soon as reasonably practicable, of:

i. the fact that she is pregnant (to be confirmed by the production of a Maternity Certificate, Mat B1);

ii. the week her baby is expected to be born; and

iii. when she wants her maternity leave to start (the earliest possible date for this is 11 weeks before the EWC).

She must still be pregnant at the start of the 16th week before her EWC, or have given birth to a living child before that date.

She can take up to 52 weeks maternity leave: the first 26 weeks are known as Ordinary Maternity Leave, the remaining 26 weeks as Additional Maternity Leave.

Pay entitlement

An employee is also eligible to receive Statutory Maternity Pay (SMP) if:

- she has been continuously employed for at least 26 weeks prior to the 15th week before the EWC, and
- she earns at least £112 per week in an 8-week 'relevant' period.

SMP equivalent to 90% of the employee's Average Weekly Earnings (AWE) will be paid for the first 6 weeks; £139.58 from 5 April 2016, or 90% of their AWE (whichever is lower), will be paid for a further 33 weeks.

For more detailed information on SMP, refer to <u>https://www.gov.uk/employers-</u> maternity-pay-leave





1. MLA employer information

| Surname | |
|--------------|--|
| Forename | |
| Constituency | |

2. Employee information

| Title | |
|---------------|--|
| Surname | |
| Forename(s) | |
| Date of birth | |

3. Information

| | Pay team use only |
|---|-------------------|
| Start date of maternity leave | |
| Tick to confirm Form Mat B1 attached | |
| Expected end date of maternity leave (Notification should be provided if this date is revised - minimum 4 weeks' notice is required) | |

4. Confirmation

I confirm that the above information is accurate and I request Pay Team to process it accordingly.

| MLA Name | | | |
|----------------------|--------------|------|--|
| Signature | | | |
| Date | | | |
| | Pay Team use | only | |
| Replacement employee | | | |
| Name | | | |
| Start date | | | |
| Anticipated end date | | | |
| Memo added | | | |
| | | | |



FORM RD1 – MLA SUPPORT STAFF REDUNDANCY

This form should be used to inform Pay Team when a member of an MLA's support staff is made redundant.

Staff may be made redundant when an MLA resigns, has a significant decrease in workload, or where the Commission reduces its support for staff costs. The formal consultation process – which is detailed in 'Redundancy Guidelines for Members' and published on AssISt – should be followed and recorded before proceeding with dismissal on grounds of redundancy.

The form should be completed, signed and returned by 10th of the month in order to ensure inclusion in the payroll for that month.

- Surname Forename Constituency 2. Employee information Title Surname Forename(s) Date of birth 3. Redundancy information Pay team use only **Employment start date** Date formal notice of redundancy issued Date employment ends Payment due in respect of YES/NO please delete unused annual leave as appropriate If so, state number of days or number of hours (part-time staff only)
- 1. MLA employer information



6

4. Confirmation

| I confirm that the above information is accurate and I request Pay Team to process it accordingly. | | | | |
|--|--|--|--|--|
| MLA Name | | | | |
| Signature | | | | |
| Date | | | | |

If you have any queries about the information required on this form, please contact the Pay Team in Room 401, Parliament Buildings.

| Sheila Mawhinney, Pay Team manager | Tel: (028) 9041 8328 |
|---------------------------------------|----------------------|
| Darren Cairnduff, Pay Team supervisor | Tel: (028) 9052 1368 |
| Helen McAvoy, Pay Team supervisor | Tel: (028) 9041 8362 |
| Jacqueline McGarrity, Payroll clerk | Tel: (028) 9041 8349 |
| George Moore, Payroll clerk | Tel: (028) 9052 1754 |



FORM OT1 – MLA SUPPORT STAFF OVERTIME

This form should be used to inform Pay Team when a member of an MLA's support staff has worked time in addition to their contracted hours.

Overtime must not result in an employee exceeding the weekly maximum of 37 hours, nor should it cause the hours worked in total by an MLA's staff to exceed 74 hours. Overtime will be paid at the employee's current standard hourly rate.

The form should be completed, signed and returned by 10th of the month in order to ensure inclusion in the payroll for that month.

| 1. MLA employer information | | | |
|---|--|-------------------|--|
| Surname | | | |
| Forename | | | |
| Constituency | | | |
| 2. Employee information | | | |
| Title | | | |
| Surname | | | |
| Forename(s) | | | |
| Date of birth | | | |
| 3. Overtime details | | | |
| | | Pay team use only | |
| Number of additional hours worked | | | |
| Week in which hours worked | | | |
| Reason for overtime | | | |
| | | | |
| | | | |
| If overtime arises as a result of | | | |
| providing replacement cover, please state name of absent employee | | | |
| | | | |



4. Confirmation

| I confirm that the above information is accurate and I request Pay Team to process it accordingly. | |
|--|--|
| MLA Name | |
| Signature | |
| Date | |

If you have any queries about the information required on this form, please contact the Pay Team in Room 401, Parliament Buildings.

| Sheila Mawhinney, Pay Team manager | Tel: (028) 9041 8328 |
|---------------------------------------|----------------------|
| Darren Cairnduff, Pay Team supervisor | Tel: (028) 9052 1368 |
| Helen McAvoy, Pay Team supervisor | Tel: (028) 9041 8362 |
| Jacqueline McGarrity, Payroll clerk | Tel: (028) 9041 8349 |
| George Moore, Payroll clerk | Tel: (028) 9052 1754 |
| 9 | |



FORM P1 – MLA SUPPORT STAFF PATERNITY LEAVE

This form should be used to inform Pay Team when a member of an MLA's support staff goes on paternity leave, and should be returned to Pay Team no later than 4 weeks before the date when it is anticipated that the paternity leave will start. An employee has no entitlement to his salary during paternity leave but he may be entitled to Statutory Paternity Pay (SPP).

Leave entitlement

An employee is entitled to paternity leave of either one or two weeks, to be taken in one go, within 56 days **after** the birth of a child. A 'week' is the number of days/ hours he normally works in one week.

The employee must provide notify his employer at least 15 weeks before the week the baby is expected of (i) the baby's due date; (ii) when he wants his leave to start; and (iii) if he wants 1 or 2 weeks' leave. He must give 28 days' notice if he wishes to change the start date.

Pay entitlement

An employee is also eligible to receive Statutory Paternity Pay (SPP) if: (i) he has been continuously employed for at least 26 weeks prior to the 15th week before the birth of the child, and (ii) he earns at least £112 per week in an 8-week 'relevant' period. He should complete a form SC3 to claim this.

From 5 April 2016, SPP will be paid at the rate of £139.58 per week, or 90% of employee's Average Weekly Earnings (AWE), whichever is lower.

For more detailed information on SMP, refer to https://www.gov.uk/employers-paternity-pay-leave

SV



1. MLA employer information

| Surname | |
|--------------|--|
| Forename | |
| Constituency | |

2. Employee information

| Title | |
|---------------|--|
| Surname | |
| Forename(s) | |
| Date of birth | |

3. Paternity information

| | | Pay team use only |
|-------------------------------------|-------|-------------------|
| Start date of paternity leave | | |
| (Notification should be provided if | | |
| this date is revised - minimum 4 | | |
| weeks' notice is required) | | |
| Tick to confirm Form SC3 attached | | |
| Number of weeks of paternity leave | | |
| requested (tick to indicate) | One 🛛 | |
| | Two 🛛 | |
| | | |

4. Confirmation

I confirm that the above information is accurate and I request Pay Team to process it accordingly.

| MLA Name | | |
|----------------------|--|--|
| Signature | | |
| Date | | |
| Pay Team use only | | |
| Replacement employee | | |
| Name | | |



| Start date | |
|----------------------|--|
| Anticipated end date | |
| Memo added | |
| | |

If you have any queries about the information required on this form, please contact the Pay Team in Room 401, Parliament Buildings.

| Sheila Mawhinney, Pay Team manager | Tel: (028) 9041 8328 |
|---------------------------------------|----------------------|
| Darren Cairnduff, Pay Team supervisor | Tel: (028) 9052 1368 |
| Helen McAvoy, Pay Team supervisor | Tel: (028) 9041 8362 |
| Jacqueline McGarrity, Payroll clerk | Tel: (028) 9041 8349 |
| George Moore, Payroll clerk | Tel: (028) 9052 1754 |

51



FORM PF1 – STAFF PERFORMANCE REVIEW PAY INCREASE

This form is to be completed on an annual basis and staff will receive the increase on 1st April as defined within Part 4 of Assembly Members [Salaries and Expenses] Determination [Northern Ireland] 2016.

| 5. MLA employer information | | |
|---|---|--|
| Surname | | |
| Forename | | |
| Constituency | | |
| 6. Employee information | | |
| Surname | | |
| Forename(s) | | |
| Grade | | |
| 7. Contractual amendme | nts | |
| We, the undersigned agree th | at: | |
| The above employee has satisfactorily performed their duties during the year ended 31 March; and their salary will move up one point in the relevant salary scale, up to the max point of that scale | | |
| Current hourly rate | | |
| New hourly rate | | |
| 8. Declarations | | |
| I acknowledge and agree to t employment. | his amendment to the contractual terms of | |
| MLA: Name | | |
| Signature | | |
| Date | | |
| Employee: Name | | |
| Signature | | |
| Date | | |

Please submit the form to Payroll before the 10th April each year



FORM SA1 – MLA SUPPORT STAFF SICKNESS ABSENCE

This form should be used to inform Pay Team as soon as a member of an MLA's support staff has a period of sickness absence.

A copy of the form should be returned to Pay Team **immediately**, and, if **appropriate**, **medical evidence should be provided for the duration of the absence** so that an over- or under-payment of salary does not arise.

Pay entitlement

An employee will **not be entitled to payment of salary** while they are off sick but they may be entitled to Statutory Sick Pay (SSP) if they are sick for at least 4 days in a row (including non-working days). SSP is paid from the fourth 'qualifying day' (day an employee is normally required to work) - the first 3 qualifying days are called 'waiting days' – unless the employee has been in receipt of SSP within the last 8 weeks.

From 5 April 2016, SSP will be paid at the rate of £88.45 per week for up to 28 weeks provided that the employee earns at least £112 per week.

For more detailed information on SSP, refer to <u>https://www.gov.uk/employers-sick-pay</u>



Memo added

| 1. MLA employer information | | |
|---|---|-------------------|
| Surname | | |
| Forename | | |
| Constituency | | |
| 2. Employee information | n in the second s | |
| Title | | |
| Surname | | |
| Forename(s) | | |
| Date of birth | | |
| 3. Sickness absence info | rmation | |
| | | Pay team use only |
| First day of sickness absence | | |
| Tick to indicate if Fit Note attached | | |
| 4. Confirmation | | |
| I confirm that the above information is accurate and I request Pay Team to process it accordingly. | | |
| MLA Name | | |
| Signature | | |
| Date | | |
| Pay Team use only | | |
| Replacement employee | | |
| Name | | |
| Start date | | |
| Anticipated end date | | 1 |



If you have any queries about the information required on this form, please contact the Pay Team in Room 401, Parliament Buildings.

| Sheila Mawhinney, Pay Team manager | Tel: (028) 9041 8328 |
|---------------------------------------|----------------------|
| Darren Cairnduff, Pay Team supervisor | Tel: (028) 9052 1368 |
| Helen McAvoy, Pay Team supervisor | Tel: (028) 9041 8362 |
| Jacqueline McGarrity, Payroll clerk | Tel: (028) 9041 8349 |
| George Moore, Payroll clerk | Tel: (028) 9052 1754 |



FORM SA2 – MLA SUPPORT STAFF SICKNESS ABSENCE

NOTIFICATION OF RESUMPTION OF DUTIES

This form should be used to inform Pay Team as soon as a member of an MLA's support staff returns to work after a period of sickness absence.

The completed form should be returned to Pay Team **immediately so** that an overor under-payment of salary does not arise.

| 1.MLA employer information | | |
|--|-------------------|--|
| Surname | | |
| Forename | | |
| Constituency | | |
| 2.Employee information | | |
| Title | | |
| Surname | | |
| Forename(s) | | |
| Date of birth | | |
| 3.Sickness absence information | | |
| | Pay team use only | |
| Last day of sickness absence | | |
| Tick to indicate if Fit Note attached | | |
| 4.Confirmation | | |
| I confirm that the above information is accurate and I request Pay Team to process it accordingly. | | |
| MLA Name | | |
| Signature | | |
| Date | | |
| Pay Team use only | | |
| Replacement employee | | |
| Name | | |
| Start date | | |
| Anticipated end date | | |
| Memo added | | |



If you have any queries about the information required on this form, please contact the Pay Team in Room 401, Parliament Buildings.

| Sheila Mawhinney, Pay Team manager | Tel: (028) 9041 8328 |
|---------------------------------------|----------------------|
| Darren Cairnduff, Pay Team supervisor | Tel: (028) 9052 1368 |
| Helen McAvoy, Pay Team supervisor | Tel: (028) 9041 8362 |
| Jacqueline McGarrity, Payroll clerk | Tel: (028) 9041 8349 |
| George Moore, Payroll clerk | Tel: (028) 9052 1754 |
| | |



SECTION 3

A Guide to Expenses

1. INTRODUCTION TO EXPENSES

- 1.1. This guidance is intended to provide an overview of the role and function of the Members Financial Services Team (MFS team) within the Finance Office.
- 1.2. This team pays expenses due to Members and offers support to Members in budgeting for expenditure each year. The appropriate information and claim forms are attached to this guidance to enable Members to receive the full amount expenses to which they are entitled.
- 1.3. The suite of forms are available electronically on the Assembly's intranet (AssISt). As noted in Section 1 paragraph 2.6 of this guide, the team will only accept the receipt of original signed forms, with valid documents attached as required, as properly authorised claims for payment.

The Members Financial Services team are:

| Lynne McBride, Team leader | Tel: (028) 9052 1694 |
|--------------------------------|-----------------------|
| Carrie Smyth, Team supervisor | Tel: (028) 9052 1608 |
| Sarah Sheriff, Team supervisor | Tel: (028) 9052 1017 |
| Colin Blayney, Team assistant | Tel: (028) 9052 1245 |
| Easton Vance, Team assistant | Tel: (028) 9052 20362 |
| | |

Room 401, Parliament Buildings, Stormont, Ballymiscaw, Belfast, BT4 3XX

2. <u>EXPENSES</u>

- 2.1. This guidance is intended to provide an overview of the main points of the Assembly Members (Salaries and Expenses) Determination (Northern Ireland) 2016 issued by the Independent Financial Review Panel in March 2016 in relation to expenses. For further detail and explanations, Members are advised to refer directly to the Determination.
- 2.2. There are a number of expenses and allowances provided to ensure adequate resources to enable members of the Assembly to exercise their functions as members of the Assembly. This chapter relates to expenses only. These are as follows:

Constituency office expenses

- i. Rent and Rates
- ii. Constituency office operating expenses
- iii. Constituency office establishment expenses

Other Expenses

- iv. Mobile phone expenses
- v. Recall expenses
- vi. Disability expenses
- vii. Winding up expenses
- 2.3. The other elements of financial support as provided under the Determination are administered by the Pay Team and are covered in detail in Section 2 of this guide.
- 2.4. A Member may only recover an expense if it has actually been incurred by the Member in carrying out his/her functions as a Member and it hasn't already been recovered from another source.
- 2.5. For the administration of expenses, the financial year is from 1 April to 31 March in any year. Expenses are paid according to the tax date of the invoice, irrespective of any period covered by the invoice, or when the service was delivered. At the end of each financial year Members will have an extended period of time to submit invoices dated up to and including 31 March. This will be notified to Members in advance by the team.
- 2.6. Members should note that they can only claim expenses for one constituency office. Where a Member chooses to have two offices they will be asked to confirm which one is the office they are nominating for expense purposes. This nomination will apply unless a Member moves to a new office. There is no provision for any transitional payments to end the lease or meet any other commitments for a second office.

- 2.7. All claims for expenses must be accompanied by an **original** invoice or receipt (except for Sundry Expenses). Statements, photocopies, or reminders etc. **will not** be accepted.
- 2.8. The 2016 Determination places a duty on Members to keep financial records to explain how expenses have been incurred and recovered, (excluding any claims for sundry expenses). These should be available over the course of the mandate for audit purposes. Legislation requires that all financial records are retained for 6 full years, plus the current year.
- 2.9. As noted in Section 1 paragraph 2.1 of this guide, no payments in a subsequent year will be made until the annual declaration on compliance (MF12) is received by the MFS team.
- 2.10. Members are not entitled to recover an expense in respect of payment to a connected person or in respect of a person resident or registered outside the European Union i.e. the person benefiting from the payment. This will be confirmed by each Member by way of the declaration on each and every claim form.

3. <u>CONSTITUENCY OFFICE EXPENSES</u>

Leases

- 3.1. A Member is able to lease a property to use as a constituency office and claim Constituency Office Expenses. For the avoidance of doubt offices leased and funded from Constituency Office Expenses must be used solely and exclusively in connection with the discharge of a Member's functions. They must not be used for any other purpose, including by way of an example, commercial activities, council business or other party political activities.
- 3.2. Where the office is leased from a connected person, rent and rates may not be recovered, however other operating expenses may be recovered, as long as the payments are not made to the connected person. "Connected person" is defined in the Determination. The definition is replicated in Annex 3.1 of this guidance for ease of reference.
- 3.3. If a Member has an interest in the lease and the member has not disclosed this interest to the Finance Office, rent and rates are not recoverable.
- 3.4. For a Member to be able to recover the rental and rates payments for any leased property a number of further conditions must be met and the lease must be submitted in writing to the Finance Office for approval before any payments can be made. If there are any doubts regarding a lease, a member of the MFS team must be consulted before any lease is entered into.
- 3.5. Where premises are shared with any other person(s), the Member can enter into a joint lease.
- 3.6. Every lease **must** contain the following:
 - 3.6.1. The name of both parties;
 - 3.6.2. The signature of both parties; and
 - 3.6.3. The date the lease commences; and
 - 3.6.4. The date the lease ends; (these dates comprise the qualifying period of the lease); and
 - 3.6.5. A term that the landlord is responsible for maintaining the office in a good state of repair.
- 3.7. It is highly recommended that the lease contains a provision for early termination. This is commonly provided through the inclusion of a break clause.

- 3.8. In relation to paragraph 3.6.5, it is highly recommended that the lease contains a provision for <u>all</u> repairs and maintenance to be the responsibility of the Landlord. If a lease clause limits the Landlord's responsibility to cover, for example, only structural repairs, then any remaining aspects of repairs and maintenance will be the responsibility of the Member. The expenditure incurred on such items may not be admissible under the terms of the Determination. It is recommended that Members contact the Finance Office to discuss the conditions of the repair clause (s) prior to signing the final lease to ensure that it is fully compliant with the Determination.
 - 3.9. If the lease does not comply with these requirements no rent or rates will be recoverable.
 - 3.10. While a Member may choose to seek legal advice on the terms of the lease, such expenses are not recoverable under the provisions of the Determination.

Rents and Rates – Signage Conditions

- 3.11. To recover rent and rates, further conditions must be met regarding signage at the appointed constituency office must be in place within one month of the lease being implemented.
- 3.12. The requirements regarding signage are detailed in full at Paragraph 14 of the Determination. Members must ensure that they are familiar with these requirements as they will be required to verify compliance, by way of a declaration and the provision of photographic evidence for rental payments to be processed.
- 3.13. The sign **must** contain the name of the Member, the words "Member of the Legislative Assembly" or "MLA", "constituency office" and the Assembly blue flax logo. The sign may also contain the office address and the name or logo of the Member's Party. If the office is shared with an MP or MEP, their name may also be included on the sign.
- 3.14. When combined, the Assembly and Party logos must not be more than 20% of the size of sign. The method used to calculate the logo size is to measure the area from the top to the bottom of the **sign** (not logo) by the full width of the **logo**. This has been deemed the most reasonable approach to maintain consistency in calculating what percentage of the sign is covered by a logo.
- 3.15. Any additional information included in the sign, other than those detailed in the Determination, will render any claim for payment void and it will be returned to the Member unpaid. This excludes the titles of people, other than other Members, who are sharing with the Member, i.e. titles are admissible.
- 3.16. A suitable copy of the Blue Flax Assembly Logo is available from the Finance Office, along with guidance that can be forwarded to any sign maker. Any reference to Party logo in these Section 3 Page 5

requirements is taken to mean any logo which has been registered with the Electoral Commission, excluding any that contain straplines, as these are not admissible.

- 3.17. All Members must obtain prior approval from the Finance Office before undertaking the production and installation of office signage, in order to establish if its content is admissible. Therefore, for any new or amended sign a proof should be forwarded prior to completion. When submitting a claim for payment, a photograph of the final signage must also be forwarded to the Finance Office.
- 3.18. If any Party political posters or a Party name or logo (other than on the sign) are visible from the exterior of the building, no rent or rates will be payable. Members will need to consider carefully when placing any Party branded literature on internal noticeboards etc. to ensure that this condition is not breached.
- 3.19. The annual Declaration of Compliance (MF12) will ask Members to confirm that the signage remains compliant.

Rent Payments

- 3.20. Rental payments will be made either monthly or quarterly. It's highly recommended that Members, when agreeing the terms of the lease, schedule quarterly payments on the 1 April, 1 July, 1 October and 1 January.
- 3.21. The amount of rent that may be recovered depends on a number of factors, **if in doubt**, **please contact the MFS team**.
 - b) **Single Occupier**: The amount of rent recoverable is £8,500 per annum.
 - c) **Sharing with MP/MEP (s)**: The rent recoverable is £4,000 per annum.
 - d) **Sharing with Member(s)**: The amount rent recoverable is £6,000 per annum.
 - e) If the property is owned by a **connected person no rent will be recoverable**.
 - f) If the property is owned by an associated person, **50% of the rent detailed above, will be recoverable**.
 - g) **Note:** when sharing an office, the conditions of 'connected persons' and 'associated persons' apply to all persons involved in the sharing arrangement.
- 3.22. A Member is regarded as sharing if the other person (s) is a member of the same party and the other person (s) is another Member, and MP or MEP.
- 3.23. Where premises are in close proximity they may be considered as a shared office, if they are in the same building; owned by the same person and the person occupying the second property is covered by the definition given in paragraph 3.20 above.
- 3.24. Separate charges for the rental of car parking spaces are not admissible.

- 3.25. Service charges are not admissible under the rental category of expense. If a leasing agreement includes a separate provision for Service Charges, the Finance Office will require specific details of what these charges are for. Only those aspects of the Service Charge which can be categorised under the headings of "Constituency Office Operating Expenses" will be payable. These must be claimed and will not be paid through rental payments. Any remaining aspects of the Service Charge will be the responsibility of the Member.
- 3.26. As the amount of rent that may be recovered depends on a number of factors, **if in doubt**, **please contact the MFS team**.

Claiming Rent

- 3.27. All payments for rent must be made directly to the landlord.
- 3.28. The **original** of the approved lease, must be forwarded to the Finance Office. A copy should be retained in the constituency office.
- 3.29. A Rental Details form (MF7) should be completed fully and forwarded to the Finance Office. Attached to the form must be the contact details for the office, and a photograph clearly showing the signage.
- 3.30. Please note that the details in this form will remain active until changes are received in writing from the Member.

Rates

- 3.31. The maximum amount of rates that will be paid is 40% of the rent **recovered** in the relevant financial year.
- 3.32. When the rates demand is received, it should be forwarded to the Finance Office with a Direct Payment form (MF4). The MFS team will only process 40% of the anticipated rent. Any amount in excess of this will be the responsibility of the Member.
- 3.33. At the end of the year (31 March) the amount of rent recovered will be checked retrospectively against the rates paid. If it is found that more than 40% has been paid, then recovery of the excess will be sought from the Member.
- 3.34. Within these prescribed limits of winding up, rent and rates will be paid for a period of three months after a Member ceases to be a Member.

Constituency Office Operating Expenses

- 3.35. Expenses can only be claimed for **one** office.
- 3.36. Where rent is **not** being claimed, an annual declaration of the landlord's details will be required, including details of any 'associated person'.
- 3.37. Where an office is shared the costs must be apportioned equally amongst all of those sharing. Members can only recover expenses which relate to themselves.
- 3.38. The maximum amount per annum is £4,900 and expenses can be recovered **only** in respect of the following:
 - a) Utility expenses: electricity, gas, oil, water, waste disposal (including shredding and recycling costs);
 - b) Internet connection: broadband and fixed-line telephone expenses line rental and telephones. (not mobile phones);
 - c) Office furniture, office stationery and office equipment, but **not** photocopiers, fax machines, cameras, televisions, radios or computer equipment (water coolers are also excluded);
 - d) Office cleaning: including window cleaning
 - e) Printer cartridges
 - f) Data Protection: registration with the Information Commissioner's Office
 - g) Signage: the cost of design and installation of the sign.
 - h) Insurance: building/contents. Note public liability and employers' liability insurance are purchased centrally by the Assembly Commission.
 - i) Security systems and fire protection including servicing of fire extinguishers.

<u>Claims for expenses not on this list will not be processed and will be returned to the Member.</u>

- 3.39. Once an invoice has been received it should be forwarded to the Finance Office for direct payment to the supplier or paid by the Member and reimbursed. Direct payment is the preferred method. Reimbursement should only be used when the goods have to be paid for on collection, or when bills have to be paid within 7 days of receipt, or where direct debits have been set up with utility companies to avail of discounts.
- 3.40. Methods of claiming expenses include:

a) **Reimbursement**: Once an invoice has been paid or a direct debit has been actioned, a reimbursement can be claimed using a Reimbursement Payment form (MF5), attaching the original invoice or the original receipt.

The reimbursement can only be made into the nominated bank account following completion of a Reimbursement Details form (MF2). Nominated bank accounts must only be in the name of the Member, or in the name of the Member and the Member's spouse, civil partner or cohabitant.

- b) **Direct Payment**: Instructions to make direct payments to the supplier should be requested using a Direct Payment form (MF4) attaching the **original** invoice.
- 3.41. For those items not covered above (paragraph 34: a i), sundry constituency office operating expenses, limited to £100 per month, may be claimed. A Sundry Payment form (MF6) must be completed and forwarded to the Finance Office. It is not necessary to attach any invoices or receipts.

OTHER EXPENSES

Constituency Office Establishment Expenses

- 3.42. In order to off-set some of the additional costs of setting up a constituency office or refurbishing an established one, Members can claim up to £2,000 **per mandate**.
- 3.43. In order to claim the expense, approval **must be sought in advance** from the MFS team using an Establishment Expense Request form (MF8). Only once approval has been granted can the Member incur the expense
- 3.44. The MFS team will inform the Member if approval for the expenditure has been granted via the Establishment Expense Approval form (MF9a) or if approval for the expenditure has not been granted via the Establishment Expense Declined form (MF9b). Members should note that this does not cover any professional fees incurred; they remain the responsibility of each Member.
- 3.45. Only once the approval form has been received can the Member incur the expense. The MF9a approval form must be attached to any request for payment (either a Direct Payment (MF4) or Reimbursement (MF5) claim form may be used).

3.46. If prior approval is not sought, payment for the expenses will not be made.

Mobile Phone Expenses

3.47. Members should forward the original mobile phone bill for payment. Where the Member pays for the bill on-line, a downloaded copy, clearly showing the number of the phone and the name of the provider, should be attached to the Reimbursement Payment form (MF5).

3.48. Up to a maximum £600 per annum can be reimbursed, this includes costs for any handsets or accessories, chargers etc. Within this annual limit a Member may use this allowance to claim for the costs of support staff bills if required.

Recall Expenses

3.49. If the NI Assembly is recalled, expenses that have been wholly and necessarily incurred by the Member for attendance at the Assembly can be claimed. Claims should be submitted by way of a reimbursement to the Member and clearly marked as "RECALL EXPENSES".

Disability Expenses

- 3.50. A Member is entitled to recover this category of expenditure, for any expense which is incurred and is directly attributable to the disability the Member has. This can be used to meet any expense; by way of an example it may be used to cover the costs of additional staff required to assist the Member or to purchase additional equipment.
- 3.51. An application form must be completed and forwarded to the MFS team detailing the Member's requirements and the anticipated costs. (MF13)
- 3.52. Following receipt of the application form an appointment will be made for the Member to attend a medical practitioner. The medical practitioner will be asked to verify if the additional expense is cost effective and wholly and necessarily attributable to the disability that the Member has.
- 3.53. Once a report from the medical practitioner has been received the Member will be notified of the outcome of his/her application. It is important to note that if the Member is employing an additional member of staff, all payments will be made through the central payroll bureau. While the full requirements of Part 4 of the Determination will not apply, Members should be mindful of the reputational risk if the best practice for recruitment is not followed or the prescribed pay scales are exceeded. To commence salary payments a copy of an agreed contract and New Support Staff details form (Form A1) should be completed and forwarded to the Pay Team. Any payments for equipment purchased will be processed by the MFS Team using either the Direct Payment (MF4) or Reimbursement (MF5) claim forms.

Winding Up Expenses.

- 3.54. Wholly and necessarily incurred expenses can be claimed up to three months after a person ceases to be a Member in order to wind up his/her business. These must be of the nature described in paragraph 3.34 above.
- 3.55. The maximum recoverable is £4,500 and this includes any rent or rates due during the three month winding up period. Support staff costs are also admissible during this period; however,

they are subjected to the normal rules and are not taken as a charge against this category of expenditure.

3.56. These expenses are not paid automatically; they must be claimed by way of a direct payment or reimbursement clearly marked "WINDING UP".

| Below is a com | plete list o | of all of the forms to be used in claiming expenses |
|----------------|--------------|---|
| Annex 3.1 | | Extract from 2016 Determination |
| Annex 3.2 | MF1 | Signature Verification |
| Annex 3.3 | MF2 | Reimbursement Details |
| Annex 3.4 | MF3 | Sharing Agreement |
| Annex 3.5 | MF4 | Direct payment |
| Annex 3.6 | MF5 | Reimbursement |
| Annex 3.7 | MF6 | Sundry Expense form |
| Annex 3.8 | MF7 | Rental Declaration |
| Annex 3.9 | MF8 | Establishment Expense Request |
| Annex 3.10 | MF9a | Establishment Expense Approval |
| Annex 3.11 | MF9b | Establishment Expense Declined |
| Annex 3.12 | MF10 | Landlord's Details Declaration |
| Annex 3.13 | MF11 | Declined Payment Appeal |
| Annex 3.14 | MF12 | Annual declaration on compliance |
| Annex 3.15 | MF13 | Disability Expenses Application |
| Annex 3.16 | MF15 | Completion of Winding Up Declaration |
| | | |

Extract from the "Assembly Members (Salaries and Expenses) Determination (Northern Ireland) 2016"

Meaning of Connected Person

45 The following persons are connected with a member -

- (a) a family member of the member,
- (b) a political party of which the member is a member,
- (c) a person with whom the member is connected within the meaning of the following provisions of the Companies Act 2006
 - (i) section 252(2)(b) (bodies corporate with whom a person is connected),
 - (ii) section 252(2)(c) (trusts with which a person is connected),
 - (iii) section 252(2)(d) (partnerships with which a person is connected),
 - (iv) section 252(2)(e) (firms with which a person is connected)

Meaning of Associated Person

46 The following persons are associated with a member -

- (a) a political party;
- (b) a member, employee or officer of a political party;
- (c) an association, whether incorporated or not, the purpose of which is wholly or mainly—
 - (i) the advancement of political opinions;
 - (ii) the advancement of culture or heritage; or
 - (iii) the advancement of religion;
- (d) a person who is, or was within the last five years—
 - (i) a member of the Assembly, the European Parliament, the Houses Parliament, the National Assembly for Wales, the Scottish Parliament, Dáil Éireann (House of Representatives of Ireland) or Seanad Éireann (Senate of Ireland);
 - (ii) a member of a district councillor;
 - (iii) an employee of a member of the Assembly;
 - (iv) an employee of the Commission;
 - (v) an employee of a Northern Ireland department;
 - (vi) an employee of a district council;
 - (vii) a family member of a member of the Assembly; or
 - (viii) a candidate for election to the Assembly.
- (e) a trust, where -
 - (i) any trustee of the trust falls within any of sub-paragraphs (a) to (d),
 - (ii) any beneficiary of the trust falls within any of sub-paragraphs (a) to (d),
- (f) a company, where
 - (i) any director or secretary of the company falls within any of sub-paragraphs (a) to (d),
 - (ii) any person who owns or controls more than 5% of the company's share capital or voting rights falls within any of sub-paragraphs (a) to (d).


CONSTITUENCY OFFICE EXPESES Signature Verification Form

In order for Finance to process claims, an original signature is required on all documentation.

To protect against claims being signed and submitted by anyone else, Finance personnel will check each submission.

Should the signature on any form differ from below, or staff are unsure whether the signature is an original or a stamp/photocopy, you will be contacted to verify the expenditure.

Please provide three specimen signatures, below

| Name: | |
|------------------|-----|
| Sample signature | es: |
| 1. | |
| 2. | |
| | |
| 3. | |
| Date: | |
| | 9 |



CONSTITUENCY OFFICE EXPESES Reimbursement Details

Reimbursement in respect of expenses claimed as Constituency Office Expenses are to be paid into the following bank account:

| Bank | | |
|---|--|--|
| Branch | | |
| Sort Code | | |
| Branch Sort Code Account Name Account Number I certify that: I am the sole signatory to the above account, Or I and my spouse, civil partner or cohabitant are the only signatories on the above account | | |
| Branch | | |
| I certify that: | | |
| I am the sole signatory to | the above account, Or | |
| I and my spouse, civil par | tner or cohabitant are the only signatories on the above account | |
| Remittance advice slips | for reimbursements are to be forward to the following email address: | |
| | | |
| 6 | | |

| Signed: | | Date: | |
|----------------|-----|----------------------|--|
| Print Name: | MLA | Telephone Contact | |

(V2) March 17



CONSTITUENCY OFFICE EXPENSES Sharing agreement for accommodation

This form to be completed by:

MLAs who share Constituency offices with other MLAs or MPs or MEPs.

| Year | to | | |
|---------------|----|------------|--|
| Address: | | | |
| Postcode: | | Telephone: | |
| Constituency: | | | |

The above premises are occupied by the parties listed below:

Name

| MLA |
|-----|
| |
| |
| |

Each MLA / MP / MEP has a separate rental agreement based on the rate of occupancy.

All costs that cannot be attributed to one individual are to be allocated on an even split across the number of persons sharing, irrespective of rental split.

There are no other parties using the accommodation for which rent is being claimed from any Parliamentary funds. (i.e. NI Assembly or Westminster)

| Signed: | | Date: | |
|----------------|-----|----------------------|--|
| Print Name: | MLA | Telephone Contact | |



CONSTITUENCY OFFICE EXPENSES Application for Direct Payment

The attached **original** invoices are submitted for payment directly to the supplier.

Please enter the supplier name, service provided and amount payable for the invoice.

| Supplier | Service Provided | Invoice Total |
|----------|------------------|---------------|
| | | Amount |
| | | £ |
| | | £ |
| | | £ |

Where payment is being made to a party other than the original supplier to refund a payment made on your behalf, complete the details below for the **original supplier** of the goods/services who benefited from the original payment.

I, the undersigned certify that:

| | | plea | se tick |
|--------|---|------|---------|
| 1 | I am aware that expenses can only be recovered in respect of one constituency office. | | |
| 2 | In submitting this claim I have considered and applied the Ten Principles. This expenditure has been incurred the exercise of my functions as a member and not recovered from any other source. | in | |
| 3 | In submitting this claim I have complied fully with the requirement of the Assembly Members (Salaries and Expenses) Determination (Northern Ireland) 2016. (Determination 2016) | | |
| 4 | The payee is not a "connected person" as defined by the Assembly Members (Salaries and Expenses) Determination (Northern Ireland) 2016 (the definitions are provide overleaf)) | | |
| 5 | The payee is a resident or registered at a place within the European Union | | |
| | Ye | :s | No |
| 6 | Is the payee an associated person, as defined in the Determination 2016, (the definitions are provide overleaf), if so, please give details below. | | |
| The na | ame of the associated person: | | |
| Detail | s of the association: | | |

| Signed: | | Date: | |
|-------------|-----|-------------------|--|
| Print Name: | MLA | Telephone Contact | |



please tick

Yes

No

CONSTITUENCY OFFICE EXPENSES Application for Reimbursement

The original receipts / invoices (stamped or marked paid) must be submitted for reimbursement.

Please enter the supplier name, service provided and amount payable

| Cumpling | Comico Drouidad | Invoice Total | Claimed* Amount OR % Ing to personal use must be f % f % f % f % | | |
|--------------------------------|--------------------------------------|---------------------|--|-------|--------|
| Supplier | Service Provided | Amount | Amount | OR | % |
| *The percentage claimed shou | ld be for Assembly business only. Ar | y expenditure relat | ing to personal | use m | ust be |
| deducted, e.g. calls made fron | n a mobile or other telephone. | | | | |
| | | £ | £ | | % |
| | | £ | £ | | % |
| | | £ | £ | | % |
| | Total | £ | £ | | |

I, the undersigned certify that:

- 1 I am aware that expenses can only be recovered in respect of one constituency office.
- 2 In submitting this claim I have considered and applied the Ten Principles. This expenditure has been incurred in the exercise of my functions as a member and not recovered from any other source.
- 3 In submitting this claim I have complied fully with the requirement of the Assembly Members (Salaries and Expenses) Determination (Northern Ireland) 2016. (Determination 2016)
- 4 None of the payees are a "connected person" as defined by the Assembly Members (Salaries and Expenses) Determination (Northern Ireland) 2016 (the definitions are provide overleaf))
- 5 All of the payees are resident or registered at a place within the European Union
- 6 Are any of the payees an associated person, as defined in the Determination 2016, (the definitions are provide overleaf). If so, please give details below.

The name of the associated person:

Details of the association:

(continue on a separate sheet if necessary)

| Signed: | | Date: | |
|-------------|-----|-------------------|--|
| Print Name: | MLA | Telephone Contact | |



Form MF6

CONSTITUENCY OFFICE EXPENSES Operating Expenses - Sundry Expense Form

| | n th expen month on | diture incurred y) | | Amount | |
|-------|-------------------------------|--|------------------------------------|----------------------------------|---------|
| - | | | | £ | |
| the | undersigne | d certify that: | | n | ease ti |
| 1 | | curred the above expenditure none of v nation 2016* (paragraph 16 (a) - (i)) | vhich falls into any of the catego | | |
| 2 | All exper | nses recovered are in respect of one cor | nstituency office. | | |
| 3 | | tting this claim I have considered and a cise of my functions as a member and n | | | |
| 4 | In submi | tting this claim I have complied fully wit | h the requirements of the Dete | ermination 2016*. | |
| 5 | | the payees are "a connected person" a overleaf) | as defined by the Determinatior | n 2016* (the definitions are | |
| 6 | All the p | ayees are resident or registered at a pla | ce within the European Union | | |
| | | | | Yes | No |
| 7 | | of the payees an associated person, as c , if so, please give details below. | lefined in the Determination (th | ne definitions are provide | |
| | | e associated person: | | | |
|)etai | ls of the a | ssociation: | | | |
| he n | ame of th | e associated person: | | | |
| etai | ls of the a | ssociation: | | | |
| | | | Con | tinue on a separate sheet, if ne | ecessar |
| | ſ | | | | |

*Assembly Members (Salaries and Expenses) Determination (Northern Ireland) 2016

Print Name:

MLA

Telephone Contact



CONSTITUENCY OFFICE EXPENSES Constituency Office Rental Declaration

| Premises | | | | | | |
|---|-------------------|------------------------|----------------------|---------------|---------------|----|
| The premises are: | Shared* | *Please attach | sharing agreement | I will be the | sole occupant | |
| Office Address | | | | | | |
| Office Contact | Name | | | Telephone | | |
| | Email | | | | | |
| Opening hours | I have attached | d a list detailing the | e office opening hou | rs | | |
| Landlord | | | | | | |
| Name | | | | | | |
| Landlord's address | | | | | | |
| Landlords Telephone | | | email | | | |
| Is the payee a resident or Is the payee an connected Is the payee an associated | l person, (includ | les all parties to sl | nared office)? | please give o | Yes | No |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |



Payment Details

| The annual rental for the | above premises | s (including VAT) i | s | £ | | | |
|---------------------------|----------------|---------------------|------------|----------|--------|----------|--|
| An amount of | £ | Is to be made | Monthly | Qua | rterly | Annually | |
| to the following account: | | | | | | | |
| Bank: Name | | O | Sort Code: | | | | |
| Address: | | | | | | | |
| Account Name: | | | | Number | | | |
| Lease | | | | | | | |
| Date lease commences | | | Date le | ase ends | | | |
| Signage | | | | | | | |

Γ,

I have erected an office sign which is fully compliant with the requirements of the Determination 2016

I have attached a photograph of the sign

I obtained all necessary planning permissions for the sign

I certify that:

The above premises are to be used solely and exclusively in connection with the discharge of my functions as an MLA.

No political posters are/will be displayed so as to be visible from the outside of the office

I understand that payments will continue until such time as I notify to the Finance Office of any change or cessation. Such changes must be in writing.

I confirm that I will notify the Finance Office of any changes to any of the above details

| Signed: | | Date: | |
|----------------|-----|----------------------|--|
| Print Name: | MLA | Telephone Contact | |

May 2016



For Finance Office Use only

Name of MLA

Address

Is the lease signed?

Clause that stating the landlord is responsible for keeping the office in a good state of repair?

Are the opening hours attached?

Signage – photo attached.

Boxes checked as appropriate

Signage -

| Compulsory | Yes | No | Optional | | Yes | No |
|---|-----|----|--------------------|-------|-----|----|
| Name of Member | | | Address | | | |
| MLA (or Member) | | | Party Name or log | D | | |
| Constituency Office | | | Name of others sha | aring | | |
| Assembly logo | | | | | | |
| Assembly logo is equal to or larger than Party logo | | | | | | |
| Combined logos are less than 21% | | | | | | |
| Rent Is the office shared? | | | | | Yes | No |
| Is the payee an associated Party? | | | | | | |
| Maximum Rent payable – subject to above. | | | | | £ | |
| Annual rent to be paid | | | | | £ | |
| Rent to paid from | | | | | | |
| Details entered on Spreadsheet | | | | Date | | |
| Checked and authorised. | | | | Date | | |

Section 3 - Page 21





CONSTITUENCY OFFICE EXPENSES Establishment Expenses Request

In accordance with the requirements of the Assembly Members (Salaries and Expenses) Determination (Northern Ireland) 2016 (Determination 2016), I would like approval to either purchase the following items or obtain the items from Office Resources and have them recharged to me.

The items may not be purchased or requested until written approval is received from the Finance Office.

| Supplier | ltem(s) | Cost |
|----------|---------|------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

- 1 In submitting this request, I have considered and applied the Ten Principles. This expenditure will be incurred in the exercise of my functions as a member and not recovered from any other source.
- 2 In submitting this request, I have complied fully with the requirement of the Determination 2016.
- 3 The proposed payee **is not** "a connected person" as defined by the Determination 2016
- 4 All the payees are resident or registered at a place within the European Union

| | Are any of the payees an associated person, as defined in the Determination (the definitions are |
|---|--|
| 5 | provide overleaf), if so, please give details below. |

The name of the associated person:

Details of the association:

The name of the associated person:

The expenses will be incurred at the following constituency office address:

| Please forwa | ard a response to the following email: | | |
|----------------|--|----------------------|--|
| Signed: | | Date: | |
| Print Name: | MLA | Telephone Contact | |

Yes

No



CONSTITUENCY OFFICE EXPENSES Establishment Expenses Approval

Following your recent request, your application to purchase the following item(s) is approved:

| Supplier | ltem(s) | Cost |
|----------|---------|------|
| | | |
| | | |
| | | |
| | | |
| | | |

- 1. Once you have made the purchase, please attach this form to your request for payment or
- 2. if you wish to obtain the goods from Office Resources, please submit this form with your request and the cost of the goods will be recharged against your establishment costs.

| Approved by: | Date: |
|--------------|-----------|
| Name: | |

Expenditure Record

| Allowance | Amount Claimed* | Balance remaining* |
|-----------|-----------------|--------------------|
| £2,000 | | |

* These figures do not include items listed above.

GV

| Signed: | | Date: | |
|----------------|-----|----------------------|--|
| Print Name: | MLA | Telephone Contact | |



CONSTITUENCY OFFICE EXPENSES Establishment Costs Declined

Name of MLA:

Following your recent request, your application to purchase the following item(s) is not approved:

Supplier

| oplier | Item(s) | Estimated Cost |
|--------|---------|-------------------|
| | | |
| | | |
| | | |

- 3. The Establishment Cost is to cover the setting up of an office and any items needed at the outset,
- 4.
- 2. Refurbishment would cover general upkeep, e.g. re-painting an office, not buying new or replacement equipment.

If you wish to appeal my decision, you may do so using the declined payment appeal form (MF 11)

Signed:

Name: Lynne McBride

Expenditure Record

| Allowance | Amount Claimed* | Estimated Balance remaining* |
|-----------|-----------------|------------------------------|
| £2,000 | | |



CONSTITUENCY OFFICE EXPENSES Landlord's Details Declaration

(This form is only to be completed when no claim for rent is being made)

Premises

I intend claiming Constituency Office Operating Expense and Constituency Office Establishment Expenses for the following premises:

| Office Address | | | | | | |
|---|--------------------|--------------------|----------------------|----------------|---------------|----|
| I do not own the abo | ove premises and | l do not intend | d claiming rent. Th | ne property is | s owned by: | |
| Landlord | | | | | | |
| Name | | | | | | |
| Landlord's address | | | | | | |
| Landlords Telephone | e | | email | | |] |
| | | | | | | |
| Is the landlord a resi | dent or registered | at a place within | the European Unior | י? | Yes | No |
| Is the landlord a con | nected person, (in | cludes all parties | to shared office)? | | | |
| Is the landlord an as | sociated person, (| ncludes all partie | es to shared office? | lf yes, please | give details | |
| Details of the assoc | iation: | - | | | | |
| I certify that: | 6 | | | | | |
| The any expenses c with the discharge of | | | to be used solely a | nd exclusively | in connection | |
| I confirm that I will | notify the Financ | e Office of any o | changes to any of t | the above det | ails | |
| Signed: | | | Date: | | | |
| Print Name: | | MLA | Telephone Contact | | | |



CONSTITUENCY OFFICE EXPENSES Declined Payment Appeal

| To: | Head of Finance, Room |
|-------------|---|
| | Parliament Buildings |
| | Stormont Estate |
| | Ballymiscaw |
| | Belfast |
| | BT4 3XX. |
| | |
| Date clai | im |
| submitte | d |
| | |
| | |
| Date claim | n returned |
| | |
| | |
| | |
| Reason gi | ven |
| | |
| | |
| | |
| | |
| I would lik | ke to appeal the decision not to process the above claim for the following reason(s): |

| Signed: | | Date: | |
|----------------|-----|----------------------|--|
| Print Name: | MLA | Telephone Contact | |



CONSTITUENCY OFFICE EXPENSES Annual Declaration of Compliance

Until this form is completed and returned, no payments will be processed in the forthcoming financial year.

| Year | to | | |
|---------------|----|------------|--|
| Address: | | | |
| Postcode: | | Telephone: | |
| Constituency: | | | |

I certify that:

- (a) I have read, understood and fully complied with the requirements of the Assembly Members (Salaries and Expenses) Determination (Northern Ireland) 2016.
- (b) I have read, understood and fully complied with the guidance issued by the Finance Office.
- (c) I have kept financial records sufficient to show and explain expenses incurred and recovered.

Where rent/rates are being claimed:

- (d) I have attached details of opening hours and contact details
- (e) The approved office signage has **not** been amended.

When complete, please forward this form to:

Members Financial Services,

Room 401, Parliament Buildings, Stormont Estate, Ballymiscaw, Belfast BT4 3XX

| Signed: | | Date: | |
|----------------|-----|----------------------|--|
| Print Name: | MLA | Telephone Contact | |



OTHER EXPENSES Disability* Expenses Request (Confidential when completed)

| Name |): | | | | | | | | |
|--------------|--------------------------------------|--------------|-----------------|----------------|----------------------|----------|------------|--------------|---------|
| Conta | act Number: | | | | | | | | |
| | cordance with mination (Nort | • • | | | • | | | , | |
| Detail | s of requireme | ent: | | | | | | | |
| Suppo | <u>ort</u> | | | | | | | | |
| No of | hours per wee | ek: | £ | | Anticipated h | ourly ra | ate of pay | £ | |
| <u>Equip</u> | ment: | | | | | | | | |
| Item | | | | | | Cost: | £ | | |
| Item | | | | | | Cost: | £ | | |
| Item | | | | | | Cost: | £ | | |
| | In submitting this been received fro | m an indep | | | - | | - | evidence has | se tick |
| | for a report to be | drafted | | | | | | | |
| 2 | The expenditure i | s wholly and | d necessarily a | ttributable to | a disability I have. | | | | |
| | | | | | | | | | |

*Disability has the same meaning as in the Disability Discrimination Act (see Annex A)

| Signed: | | Date: | |
|----------------|-----|----------------------|--|
| Print Name: | MLA | Telephone Contact | |



Print Name:

Declaration of Completion of Winding Up

This form must be submitted with your final claim against Constituency Office Expenses

I have now completed all necessary arrangements to wind up my affairs. This includes the following:

please tick

| 1 | I have submitted my final claim against Constituency Office Expenses. | |
|-------|---|--|
| 2 | I understand that no further payments will be processed. | |
| 3 | I have issued redundancy notices to all staff. | |
| 4 | I have repaid any outstanding debts owed to the NIA Commission | |
| 5 | I have returned all IT resources. | |
| 6 | I understand that only when the form has been returned, will any payment for Resettlement Allowance be paid | |
| | | |
| Signe | ed: Date: | |

Telephone Contact