

**BRACKNELL FOREST COUNCIL  
CORPORATE SERVICES - PAYROLL**



**PAYROLL REGISTER OF CERTIFYING OFFICERS**

DEPARTMENT: Children, Young People & Learning      APPROVED BY: (Chair of Governors) \_\_\_\_\_  
 ESTABLISHMENT NAME: COLLEGE TOWN PRIMARY      NAME: \_\_\_\_\_ (Please print name)  
 PAY POINT (3 digit code): 220      HEADTEACHER: (Cost centre Manager) \_\_\_\_\_  
 DATE: 20/09/21      NAME: T. SAMMONS      (Signature)

(Please print name in BLOCK CAPITALS)

SURNAME	INITIALS	SIGNATURE	JOB TITLE	TIME SHEET/TRAVEL CLAIMS	OTHER FORMS (State type)
SAMMONS	T		HEAD		(WITHIN BUDGET LIMITS)
FAIRCLOTH	S		ASSISTANT HEAD		(WITHIN BUDGET LIMITS)
			CHAIR OF GOVERNORS.		(WITHIN BUDGET LIMITS)
					(WITHIN BUDGET LIMITS)
					(WITHIN BUDGET LIMITS)
					(WITHIN BUDGET LIMITS)
					(WITHIN BUDGET LIMITS)
					(WITHIN BUDGET LIMITS)

PLEASE READ THE NOTES OVERLEAF FOR THE PURPOSE OF THIS FORM AND NOTES FOR GUIDANCE ON COMPLETION.  
 Once completed please return immediately to:  
 The Payroll Department, Time Square, Market Street, Bracknell, Berkshire, RG12 1JD