



# CLAIM FOR PAYMENT FOR CASUAL EMPLOYMENT

Academic Staff

Employee No. \_\_\_\_\_ Job No. \_\_\_\_\_

Title \_\_\_\_\_ Surname \_\_\_\_\_ Given Names \_\_\_\_\_

Address \_\_\_\_\_ Post Code \_\_\_\_\_

School/Section \_\_\_\_\_

Period of Claim: From \_\_\_\_\_ to \_\_\_\_\_

## ACADEMIC STAFF – CLAIM DETAILS

	Lectures	Tutorials	Repeat Tutorials	Marking	Acad. Other
Claimed Units					
Level / Rate					
Total					

### Department's Certification

I certify that the duties were performed as above and payment is approved.

Authority Number \_\_\_\_\_

-----/-----/-----  
Dept. Authorised Signature

Date

FMIS Account Number \_\_\_\_\_

Please ensure that both the Authority No. and FMIS A/c No. are completed.

(must be from the above authority)

### Claimant's Certification

I certify that the duties have been rendered by me and are due and payable as specified

-----/-----/-----  
Employee Signature

Date

### Pay Office Use only

-----/-----/-----  
Verified Signature

Date

-----/-----/-----  
Input Signature

Date

**Please Note:** To ensure timely payment of this timesheet, ensure that it is correctly authorised by the Budget Centre delegate and forwarded to the Pay Office prior to 9am on the Monday of the pay week. **If you fax this form please do not send the original.**