CLAIM FOR PAYMENT FOR CASUAL EMPLOYMENT

English Language Centre Staff

Employee No. _____ **Job No.** _____

Title _____ **Surname** _____ **Given Names** _____

Address _____ **Post Code** _____

School/Section **English Language Centre** **Period of Claim: from** _____ **to** _____

TEACHING HOURS

Week Ending		Mon	Tue	Wed	Thu	Fri	Sat	Sun	Sub Total
------/------/-----	Hours Claimed								
------/------/-----	Hours Claimed								

Rate _____ **Total teaching hours**

NON-TEACHING HOURS

Week Ending		Mon	Tue	Wed	Thu	Fri	Sat	Sun	Sub Total
------/------/-----	Hours Claimed								
------/------/-----	Hours Claimed								

Rate _____ **Total non-teaching hours**

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.**