



# CLAIM FOR PAYMENT FOR CASUAL EMPLOYMENT

General Staff

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

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

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

School/Section \_\_\_\_\_ Period of Claim: From \_\_\_\_\_ to \_\_\_\_\_

## GENERAL STAFF – CLAIM DETAILS

General Staff EBA 2005-2008 Clause 17.2 refers to a minimum period of engagement. This document is a claim for the **total hours to be paid** as part of your engagement as a casual employee. This may not be the same as the number of hours actually worked (ie: finish time less start time). Hours claimed for a Public Holiday **will** be paid at the relevant penalty rate.

Week Ending \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Sub Total
Start Time								
Finish Time								
Total Hours Claimed								

Week Ending \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Sub Total
Start Time								
Finish Time								
Total Hours Claimed								

HEO Level \_\_\_\_\_

Rate \_\_\_\_\_

Total Hours of Claim

### 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.**