

PART-TIME TEACHING APPOINTMENTS Payment Claim Form

A contract must be in place for staff claiming payments on this form

School						
Employee Details						
Name				Staff ID Number if known		
Email Address				National Insurance Number		
Details of Hours Worked						
Course <i>(please input programme name or module name/number and if relevant type of activity, e.g. marking, tutorial, meeting)</i>	Date	Times From	Times To	Total Hours	@ Hourly Rate	Amount Due
					Total payment	
Further Information if applicable, e.g. description of work carried out						
Costing						
Please complete both old and new code strings						
	Level 1	Level 2	Level 3	Level 4		
Old Cost Code	7	4	4	0		
	Project	Project Type	Budget Group	Funding Source	Budget Centre	Nominal
New Cost Code						20009

Signed by Member of Staff _____ Date _____
to confirm hours are accurate

Approved _____ Date _____

Payroll Received _____ Date _____

Please use a separate form for each programme