 ASSOCIATE LECTURER CLAIM FORM

**Please submit your completed form electronically, check with your department for monthly cut-off date**

SURNAME:

TITLE:

STAFF NO:

FIRST NAME(S):

**PAYMENT** is claimed in respect of part-time employment

 Month: Year:

undertaken as contracted during the month(s) of:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date | Module Code & Name and/or Course  | Nature of Work Undertaken (e.g., supervision, meetings, tutorials, teaching etc) | Contract Ref. | Time of Session | No. of hours claimed | Hourly Rate |
| From | To |
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***\*\*TAB TO ADD MORE LINES IF REQUIRED\*\****

*I certify that the particulars on this form are*

*correct, and that I have personally performed*

*the duties for which payment is claimed*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature of Claimant)

Address:

Email Address:

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**FOR OFFICE USE ONLY**

I confirm that the information on this form is correct, and payment has not previously been claimed in respect of attendances shown

Signature of Budget Holder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_

**Please forward electronically to your PAS (Professional Administrative Service) team for approval**

|  |  |  |  |
| --- | --- | --- | --- |
| **Cost centre:** | **Contract number:** | **Number of hours:** | **Rate of pay:** |
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Payment Authorisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

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