CLAIM FOR PAYMENT FOR CASUAL EMPLOYMENT General Staff

UTAS	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 <u>total hours to be</u> <u>paid</u> 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 <u>will</u> 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 Pay Office Use only										
Claimant's CertificationPay Office Use onlyI certify that the duties have been rendered by me										
and are due and payable as specified										
				Verifi	Verified Signature Date					
		/	/					//		
Employee Signature		Da	ite	Input	Input Signature Date			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**.