**CASUAL WORKERS ONLY**

**CLAIM FOR HOURS**

Please complete this form for hours that you are claiming each month. This form is not for use for overtime, additional hours or supply for those employees who hold a substantive contract with the School/Trust. Payment is made one month in arrears and the cut off is the last day of the month (e.g. for hours completed in September payment will be made in October).

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| --- | --- | --- | --- |
| **EMPLOYEE DETAILS** | | | |
| **SURNAME:** |  | **FIRST NAME(S):** |  |
| **PAYROLL NO:** |  | **JOB TITLE:** |  |
| **LOCATION/SCHOOL:** |  | | |

Please ensure you complete the Cost Centre column so that the cost can be allocated to the current budegt

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DATE** | **TIME FROM** | **TIME TO** | **NO OF HOURS/**  **UNITS** | **COST CENTRE (If Applicable)** | **RATE** |
| **Employee to complete** | **Employee to complete** | **Employee to complete** | **Employee to complete** | **School to complete** | **School to complete** |
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|  |  |  |  | **TOTAL:** |  |

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| --- | --- | --- | --- |
| **EMPLOYEE DECLARATION** | | | |
| I declare that I have worked the number of hours as above on the dates shown above. | | | |
| **SIGNATURE:** |  | **DATE:** |  |
| **HEADTEACHER AUTHORISATION** | | | |
| I authorise the payment of above variations. | | | |
| **SIGNATURE:** |  | **DATE:** |  |
| **FULL NAME:** |  | | |
| **EBM AUTHORISATION** | | | |
| I authorise the payment of above variations. | | | |
| **SIGNATURE:** |  | **DATE:** |  |
| **FULL NAME:** |  | | |

**When completed and signed this form should be sent to:** [**payroll-pensions@reachsouth.org**](mailto:payroll-pensions@reachsouth.org)

Please ensure you submit this before the payroll submission deadline. **Please note that if the form is not fully signed payment will not be processed.**