 Teachers Occasional Supply and Additional Hours Monthly Claim Form

This form should be completed to the end of the month and sent to Payroll, Apex House, 30-34 Upper George Street, Luton, Beds. LU1 2RD b**y 8th of the month** for payment on 27th of the same month. First claims must have a bank details form attached.

| Payroll number (from most recent payslip) |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |

Job title:

School name:

Month ending:

| Title (eg. Mr, Miss, Mrs) | Forename(s) in full | Last name | Telephone number (in case of query) |
| --- | --- | --- | --- |
| Private Address: |

| Teacher to complete decimal hours worked below. The daily rate is calculated at 1/195 or prorata thereof | Please tick if these are Keeping in Touch (KIT) days |
| --- | --- |
| Week endingdd/mm/yy | Mon(DecimalHrs) | Tue(DecimalHrs) | Wed(DecimalHrs) | Thur(DecimalHrs) | Fri(DecimalHrs) | Special Schools Special Needs +/- 1 | Decimal hours total | **Decimal hours**

| Minutes | Decimal hours |
| --- | --- |
| 5 | 0.08 |
| 10 | 0.17 |
| 15 | 0.25 |
| 20 | 0.33 |
| 25 | 0.42 |
| 30 | 0.50 |
| 35 | 0.58 |
| 40 | 0.67 |
| 45 | 0.75 |
| 55 | 0.92 |
| 60 | 1.00 |

 | LEDGER CODEEnter school code.Enter a ‘7’ for statementing, otherwise, enter a ‘3’\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  | : |  |  |  |  |  |  | / | 0 | 2 |  | 0 |
|  |  |  |  |  |  |  | : |  |
|  |  |  |  |  |  |  | : | For completion by Schools Personnel Team if payment is not the standard rate:Hourly Rate: ………………………………………….Personnel initials: …………………………………… |
|  |  |  |  |  |  |  | : |
|  |  |  |  |  |  |  | : |
| Total hours | : |

TEACHER’S SIGNATURE: I certify that the details above are correct and have not previously been claimed for. I understand that the hours recorded with no ledger code will not be paid.

Signed:…………………………………………………………………………. Date:…...............

HEAD TEACHER’S SIGNATURE: I certify that this claim is correct.

Signed:……………………………………………………………………… Date:……………………….