 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 ending  dd/mm/yy | Mon  (Decimal  Hrs) | Tue  (Decimal  Hrs) | Wed  (Decimal  Hrs) | Thur  (Decimal  Hrs) | Fri  (Decimal  Hrs) | 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 CODE  Enter 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:……………………….