****

# Casual Academic Claim Form

**This section to be completed by the academic.**

**Please ensure that all sections are complete otherwise payment may be delayed.**

Name and Title (Dr/Mr/Mrs/etc):

Employee Number (if known):

National Insurance Number:

Address:

Note: Income tax will be deducted at basic rate and National Insurance contributions will be deducted if applicable.

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates** | **Hours Teaching** | **Hours at flat hourly rate** | **Details of Work e.g. modules** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total Hours Claimed** |  |  |  |

Signature of Academic:

Date:

Line Manager:

Department:

**This Section to be completed by Head of School.**

Checked and approved as a charge against the Academic allocation in my School.

Cost Centre Nominal Code (4 characters):

Project Code (if applicable):

Signature of Budget Holder:

Date:

Please email completed form to Salary Claims