# 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 and so forth):Click or tap here to enter text.

Employee Number (if known):Click or tap here to enter text.

National Insurance Number:Click or tap here to enter text.

Address:Click or tap here to enter text.

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, for example, modules |
| Please insert dates | Please insert hours teaching | Please insert hours at flat hourly rate | Please insert details of work |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total Hours Claimed | Please insert total hours claimed |  |  |

Signature of Academic (e-signature or typed signature):

Date:Click or tap here to enter text.

Line Manager:Click or tap here to enter text.

Department:Click or tap here to enter text.

**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):Click or tap here to enter text.

Project Code (if applicable):Click or tap here to enter text.

Signature of Budget Holder (e-signature or typed signature):

Date:Click or tap here to enter text.

Please email completed form to [Salary Claims](mailto:salary.claims@yorksj.ac.uk)