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# Instrumental Tutor Claim Form

**This section should be completed by the Instrumental Tutor.**

**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.

|  |  |  |
| --- | --- | --- |
| **Name of Student** | **Hours** | **Dates of Tuition** |
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|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total Hours Claimed** |  |  |

Signature of Tutor:

Date:

Line Manager:

Department:

**This section is to be completed by the Head of School.**

Checked and approved as a charge against the Tutors’ allocation to my School.

Nominal Code (10 characters):

Project Code (if applicable):

Signature of Budget Holder:

Date:

**For Finance Use Only**

|  |  |
| --- | --- |
| **E&D:** | **Hours:** |
| **E&D:** | **Hours:** |
| **Entered by (initials):** | **Date:** |
| **Checked by (initials):** | **Date:** |

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