

## SUBSEQUENT CLAIM PAYMENTS FORM

University Teaching claims should be made through my.HR. Claims <u>must</u> be recorded in hours. This form should also be used for members of staff who work additional hours other than in their substantive role. Please ensure form is completed *in full* before forwarding to the employing School or Department for approval. Forms will only be processed when sent by the School or Department to Payroll following approval. Incorrectly completed forms will be returned to the School or Department.

| Department:   |   | 5                               | Staff number:  |               |  |       |  |  |  |  |
|---|---|---------------------------------|----------------|---------------|--|-------|--|--|--|--|
| Name:   | Date of birth:  |                                 | Email address: |               |  |       |  |  |  |  |
| Are you currently on<br>Tier 4 student visa?                  | a Student number (if app  | Student number (if applicable): |                |               | Expected Study End date (if applicable): |       |  |  |  |  |
| i.e Monday to Sunday, ac                                      | n a <u>Tier 4 student visa</u> can or<br>cross all departments, includi<br>r in the UK and your visa coul | ing volunta                     | ry work. A     | Any breach of | f this limit will                        |       |  |  |  |  |
| Dates worked<br><u>Must be split into weeks</u><br>dd/mm/yyyy | Details of work   | Hourly rate                     |                | Spinal Point  | Hours<br><u>Mandatory</u>                | Total |  |  |  |  |
| Wk1 / /   |   | £                               |                |               |  | £     |  |  |  |  |
| wk2 / /   |   | £                               |                |               |  | £     |  |  |  |  |
| wk3 / /   |   | £                               |                |               |  | £     |  |  |  |  |
| Wk4 / /   |   | £                               |                |               |  | £     |  |  |  |  |

IMPORTANT: A week commences Monday and ends Sunday

I confirm that this is a true and accurate representation of the work carried out by me on behalf of Loughborough University.

Claimant Signature .....

Date....../...../....../

Totals:

£

## FOR OFFICE USE ONLY

SOC codes can be found here. Queries on SOC codes should be directed to itrentadmin@lboro.ac.uk

| Cost<br>Centre |  | Account Code |  | Project Code |  |  |  |  | SOC code |  |  |  |  |  |
|----------------|--|--------------|--|--------------|--|--|--|--|----------|--|--|--|--|--|
|                |  |              |  |              |  |  |  |  |          |  |  |  |  |  |

Checked in department by [print name]

.....

Signature of department checker

Date of check

Authoriser [print name]

Signature of authoriser

Date of authorisation