

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 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 cross all departments, includi r in the UK and your visa coul	ing volunta	ry work. A	Any breach of	f this limit will					
Dates worked <u>Must be split into weeks</u> dd/mm/yyyy	Details of work	Hourly rate		Spinal Point	Hours <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 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