

Pay Period Ended: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

For pay period end dates, please refer to the [Pay Calendar](#)

**NON SCHOOL BASED CASUAL EMPLOYEE SALARY CLAIM FORM**

**SCHOOLS TAUGHT:** \_\_\_\_\_

EMPLOYEE ID NUMBER: \_\_\_\_\_

SURNAME: \_\_\_\_\_

OTHER NAMES: \_\_\_\_\_

*If this is your first claim as a casual employee, please ensure required payroll documentation has been provided, including: 1) Tax File Number Declaration; 2) Banking Details; 3) Choice of Superannuation Fund (if non-department). All clearances must already be completed prior to any work with the department.*

| Day          | Date | Days | Hours | Mins | Location Code | Designation | Account Code | Allowance | Rate           |
|--------------|------|------|-------|------|---------------|-------------|--------------|-----------|----------------|
| Fri          | / /  |      |       |      | 0 2 4 5       |             |              |           | \$40.00 per hr |
| Sat          | / /  |      |       |      | 0 2 4 5       |             |              |           |                |
| Sun          | / /  |      |       |      | 0 2 4 5       |             |              |           |                |
| Mon          | / /  |      |       |      | 0 2 4 5       |             |              |           | \$40.00 per hr |
| Tue          | / /  |      |       |      | 0 2 4 5       |             |              |           | \$40.00 per hr |
| Wed          | / /  |      |       |      | 0 2 4 5       |             |              |           | \$40.00 per hr |
| Thu          | / /  |      |       |      | 0 2 4 5       |             |              |           | \$40.00 per hr |
| Fri          | / /  |      |       |      | 0 2 4 5       |             |              |           | \$40.00 per hr |
| Sat          | / /  |      |       |      | 0 2 4 5       |             |              |           |                |
| Sun          | / /  |      |       |      | 0 2 4 5       |             |              |           |                |
| Mon          | / /  |      |       |      | 0 2 4 5       |             |              |           | \$40.00 per hr |
| Tue          | / /  |      |       |      | 0 2 4 5       |             |              |           | \$40.00 per hr |
| Wed          | / /  |      |       |      | 0 2 4 5       |             |              |           | \$40.00 per hr |
| Thu          | / /  |      |       |      | 0 2 4 5       |             |              |           | \$40.00 per hr |
| <b>TOTAL</b> |      |      |       |      |               |             |              |           |                |

Note: Completion of all columns is mandatory except for Allowance and Rate Columns.

Claimant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

I certify that the hours claimed are true and correct:

I authorise payment of this account in terms of Sections 12 and 13 of the *Public Finance and Audit Act 1983*, certify current employment screening clearance for the claimant where position is in child related employment and certify that the Deputy Secretary Approval has been granted to engage this casual employee.

Verifier's Name: \_\_\_\_\_

Authoriser's Name: \_\_\_\_\_

Verifier's Signature: \_\_\_\_\_

Authoriser's Signature: \_\_\_\_\_

Please forward completed claims to the School Swimming and Water Safety office:

**[schoolswimming@det.nsw.edu.au](mailto:schoolswimming@det.nsw.edu.au)**