

**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				
Sat	/ /				0 2 4 5				
Sun	/ /				0 2 4 5				
Mon	/ /				0 2 4 5				
Tue	/ /				0 2 4 5				
Wed	/ /				0 2 4 5				
Thu	/ /				0 2 4 5				
Fri	/ /				0 2 4 5				
Sat	/ /				0 2 4 5				
Sun	/ /				0 2 4 5				
Mon	/ /				0 2 4 5				
Tue	/ /				0 2 4 5				
Wed	/ /				0 2 4 5				
Thu	/ /				0 2 4 5				
<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 Schools Swimming and Water Safety office:

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