**ASSOCIATE LECTURER CLAIM FORM**

**Please submit your completed AL claim form by the 10th of each month** to the School’s Academic Support Unit Manager (or Deputy, if applicable)

#

SURNAME

FIRST NAME(S)

TITLE

STAFF NO

**SALARY** is claimed in respect of part-time employment undertaken as contracted during the month(s) of:

201

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Module Code & Title** | **Time of Session (if applicable)** | **No of Hours** | **Rate Per Hour** |
| **From** | **To** |
|  |  |  |  |  | £ |
|  |  |  |  |  | £ |
|  |  |  |  |  | £ |
|  |  |  |  |  | £ |
|  |  |  |  |  | £ |
|  |  |  |  |  | £ |
| **Total Number of Hours Claimed** |  |

I certify that the particulars on this form are correct, and that I

have personally performed the duties for which payment is claimed:

# (Signature of Claimant)

**OFFICE USE ONLY**

I confirm that the information on this form is correct and payment has not previously been claimed in respect of attendances shown and that the appropriate appointment form has been issued.

Signature of Approved Budget Holder: \_\_ Date:

Address:

Email:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Cost Centre: |  | Seq No: |  | Total Hours: |  | Hourly Rate: | £ |
|  |  |  |  |  |  |  |  |
| Cost Centre: |  | Seq No: |  | Total Hours: |  | Hourly Rate: | £ |
|  |  |  |  |  |  |  |  |
| Cost Centre: |  | Seq No: |  | Total Hours: |  | Hourly Rate: | £ |

|  |
| --- |
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