

Supervising Teacher Pay Claim Form

to be forwarded within 20 working days at end of placement period

Placement period: _____ to _____

1 Personal Details

Claimant's Surname _____
 First Name _____ D.o.B. _____
 Home Address _____

 Phone No. _____
 Email _____

2 School Details

Name of School _____
 School Address _____

 Site Coordinator's Name _____
 Phone No. _____
 Site Coordinator's Email _____

3 Claim Details

| Course Code | No. of Days | No. of Pre-Service Teacher | Name/s of UQ Pre-Service Teachers supervised | Supervision % <small>(1 = 100%; 0.5 = 50%)</small> | | | | | | | | | | | | | | | |
|---|--|---|---|---|--|-------|--|-----------------|---|--|-------------|---|----------------------------|-------|-------|-------|-------|-------|--|
| _____ | _____ | _____ | _____ | _____ | | | | | | | | | | | | | | | |
| | | <table border="1"> <thead> <tr> <th colspan="2">Pre-Service Teacher Supervision</th> <th colspan="2">Other</th> <th>Total Placement</th> </tr> <tr> <td><small>UQ Use Only</small> Total No of hours</td> <td><small>UQ Use Only</small> \$4.21/hr <small>(WORK1) (PTED01)</small></td> <td>No of hours</td> <td><small>UQ Use Only</small> \$12.28/hr <small>(WORK2) (PTED02)</small></td> <td><small>UQ Use Only</small></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </thead> </table> | | Pre-Service Teacher Supervision | | Other | | Total Placement | <small>UQ Use Only</small> Total No of hours | <small>UQ Use Only</small> \$4.21/hr <small>(WORK1) (PTED01)</small> | No of hours | <small>UQ Use Only</small> \$12.28/hr <small>(WORK2) (PTED02)</small> | <small>UQ Use Only</small> | _____ | _____ | _____ | _____ | _____ | |
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| _____ | _____ | _____ | _____ | _____ | | | | | | | | | | | | | | | |

4 Banking Details

| | | | |
|--------------|-------|----------------|-------|
| Name of Bank | _____ | BSB Number | _____ |
| Account Name | _____ | Account Number | _____ |

5 Certification

Supervising Teacher:

I certify that the above details are correct. Signature _____ Date _____

Site Coordinator:

I certify that the necessary verifications have been carried out to ensure that this claim is correct. Signature _____ Date _____

6 Return forms to: pracpayclaims@uq.edu.au

Direct payment enquiries to: 07 3365 6550
 Please note: Payment may take 4-6 weeks to process upon receipt.

7 Tax File Number Declaration forms

Complete the 'Tax File Number Declaration' form and return with this form to the email above.

UQ Use Only

| | | | | | | | |
|------------|-------|--------------|-------|-----------------|-------|----------------|-------|
| Aurion No: | _____ | Employee No: | _____ | Date Processed: | _____ | Date Approved: | _____ |
|------------|-------|--------------|-------|-----------------|-------|----------------|-------|