

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: FOR SUPERVISED PLACEMENTS FROM JANUARY 2021 ONLY

Course Code	No. of Days	No. of Pre-Service Teacher	Name/s of UQ Pre-Service Teachers supervised	Supervision % (1 = 100%; 0.5 = 50%)															
<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><i>UQ Use Only</i> Total No of hours</td> <td><i>UQ Use Only</i> \$6.80/hr (WORK1) (PTED01)</td> <td>No of hours</td> <td><i>UQ Use Only</i> \$12.28/hr (WORK2) (PTED02)</td> <td><i>UQ Use Only</i></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </thead> </table>					Pre-Service Teacher Supervision		Other		Total Placement	<i>UQ Use Only</i> Total No of hours	<i>UQ Use Only</i> \$6.80/hr (WORK1) (PTED01)	No of hours	<i>UQ Use Only</i> \$12.28/hr (WORK2) (PTED02)	<i>UQ Use Only</i>					
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4 Banking Details

Name of Bank		BSB Number	<input type="text"/>
Account Name		Account Number	<input type="text"/>

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:
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