

School of Education

Supervising Teacher Pay Claim Form to be forwarded within 20 working days at end of placement period

Placement period: _____ to ____

1 Personal Details					2 School Details				
(1) Personal Details Claimant's Surname				\	Name of School	ı			
					School Address				_
First Name D.o.B D.o.B.					ochool Address	· -			
Home Address					Site Coordinate	or's Name			
Phone No.									
Phone No.					Phone No. Site Coordinator's Email				
Email					Site Coordinato	ers Email			
(3)	Claim Details: FOR SUF	PERVISED PLACE	MENTS FR	OM JANU	ARY 2024 Of	<u>ILY</u>			
Course Code No. of Days		[:] Days ^N	o. of Pre-Ser Teacher	vice Nar	ne/s of UQ Pre-Servions supervised	ce Teachers Supervision % (1 = 100%; 0.5 = 50%)			
				rvice Teacher pervision				_	
			-	บดุ บระ only Total No of hours	UQ Use Only \$7.46/hr (WORK17) (PTED	01)			
4 Banking Details PLEASE NOTE: From 2022 as part of the PEPA Agreement with the Department of Education, payments are only permitted to be made to individual supervising teacher bank accounts and are not permitted to be paid to 'general' school accounts									
	Name of Bank					BSB Number			_
									
	Account Name					Account Number			
5 Certification Supervising Teacher:									
I certify that the above details are 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 Us	se Only								
Aurio	n No:	Employee No:			Date Processed		Date Approved:		

CRICOS No. 00025B Apr 2024