



SAL121 Shift Claim

This form is for use by non T&A:
Full-time and Part-time Professional Staff member on rotating shift.

HR.V1.0 - 7.05.18

Sent to Salaries Unit, Human Resources salaries@unsw.edu.au

EMPLOYEE ID		EMPL RCD#		FAMILY NAME	_____	GIVEN NAMES	_____
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JOB TITLE: _____ FAC/SCH/DEP: _____ Please tick if you are: FULL-TIME PART-TIME

DAY (eg Mon)	DATE			24 hr clock from time		+	24 hr clock to time		=	CLAIMED		Override Account Code (use only when different from standard)					
	day	month	year	FIRST SPAN			NEXT SPAN			Hrs	Mins	PROJECT	ACCT	FUND	DEPT		

NOTE: *If more than 2 spans in same day, continue on next line. If the starting or finishing time in one span carries over to the next day, DO NOT start a new day on the form.

TOTAL HOURS CLAIMED: _____

I certify that I have worked the hours shown and that all the details are correct:

<p>Notes on Signatures: A supervisor having an appropriate financial delegation, can (a) certify as to the accuracy of the claim; and (b) authorise the payment by signing in both appropriate places on the form.</p>	<p>or: where a supervisor does not have appropriate financial delegation, they must: (a) certify as to the accuracy of the claim in the appropriate box on the form; (b) provide the form to an appropriate officer with the appropriate financial delegation to authorise the claim and certify that funds are available in the appropriate account code.</p>
<p>Claimant's Signature: _____</p> <p>Date: _____</p>	<p>Hrs _____ Mins _____</p>

I certify that the above claimed units have been worked and the totals are valid claims against the EMPL RCD# stated. Supervisor _____ <div style="text-align: right;">Print Name & Initials</div> Signature _____	I authorise this claim. Funds are available to meet this claim for the nominated account code. Head of School or Delegated Officer _____ <div style="text-align: right;">Print Name & Initials</div> Signature _____
Email _____ Ext _____ Date _____	Email _____ Ext _____ Date _____