**SCHOOL NAME:**

**BY CLAIM PAYROLL**

To be completed in FULL (in block capitals) Please see guidance noted in the manual before completing. If new address, please tick here

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| --- | --- | --- | --- |
| TITLE | FORENAMES | | SURNAME |
| PREVIOUS SURNAME | | | |
| ADDRESS | | | |
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| NATIONAL INSURANCE NUMBER | |  | |
| DATE OF BIRTH |  | |  |

**Bank Name**

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**Sort Code** **Account Number** **Building Society Reference (if applicable**)

**\*\* Bank details need entering if 1st claim or changed since last claim**

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| Date | Post | | Hours worked | Hourly Rate | Cost Code | | | | | | | | | | | |
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|  | | Total Hours |  |  | | | | | | | | | | | | |

I CERTIFY THE DETAILS ARE CORRECT

(*Signature of Employee)*

CERTIFIED CORRECT FOR PAYROLL

(*Signature of Person in Charge)*

DATED

Notes on Completion of the Support Staff Casual Claim Form (By Claim Form)

**Important – Please Read**

1. Once the form has been fully complete, the claim must be certified by an authorised signatory to confirm that the hours, rate of pay and cost codes are correct.
2. Claims to be submitted to Education Personnel Management, St. John’s House, Spitfire Close, Ermine Business Park, Huntingdon, Cambridgeshire PE29 6EP. If more than one form used, all forms should be submitted together.
3. Where appropriate, National Insurance will be deducted at the full rate, unless the claimant has a valid “Reduced Rate” or “Age Exemption Certificate” which should be forwarded with the first claim.