

**Associate Demonstrator hours claim form – Minimum 5 Hours**

The hours of an Associate Demonstrator are variable however the University guarantees a minimum of 5 hours work per academic year at the basic hourly rate of pay. Where work has not been offered, or has been less than 5 hours in total during the academic year, this claim form enables you to claim for those hours.

The claim should always be made retrospectively after the end of the academic year, when all engagements have been processed.

***SECTION ONE:*** This *section must be completed in full and signed.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title | |  | | --- | |  | | Forenames(s) | |  | | --- | |  | |
| Surname | |  | | --- | |  | | Date of Birth | |  | | --- | |  | |
| Nationality | |  | | --- | |  | | NI Number | |  | | --- | |  | |
|  |  |  |  |
| Signed | |  | | --- | |  | |  |  |
| Date: | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  | | | |
|  |  | | |
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|  |  |  |
| --- | --- | --- |
| Department | |  | | --- | |  | |
| Description of Work / Nature of Duties | |  | | --- | |  | |
| First Date Worked | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  | This is the actual start date for this current claim form | |
| Last Date Worked | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  | This is the actual end date for this current claim form | |
| Number of hours worked | |  | | --- | |  | |

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***SECTION TWO:* This *section must be completed in full by the department.***

Incomplete forms will be returned and payment may be delayed.

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|  |
| |  |  |  | | --- | --- | --- | | Hourly Rate | |  | | --- | | £ | | | Total Due | |  | | --- | | £ | | | Project Code | |  | | --- | |  | | |
| **Any other additional information that may be of use to process the claim** |

|  |  |  |
| --- | --- | --- |
| **Declaration from Hiring Manager (if applicable)**  **I confirm that the named individual has not submitted any other Associate hours for the previous academic year (up to the guaranteed minimum of 5) as detailed above** | | |
| Signed By Finance Officer | |  | | --- | |  | | |
| Print Finance Officer Name | |  | | --- | |  | | |
| Date: | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  | | |
|  | | |
| **Approval from Authorised Signatory**  **I approve this claim form from the budget detailed above** | | |
| Signed By Authorised Signatory | | |  | | --- | |  | |