**THE UNIVERSITY OF SOUTHERN QUEENSLAND**

**CLAIM FOR PROFESSIONAL EXPERIENCE ALLOWANCES**

**SUPERVISING TEACHER**

**INTRUCTIONS:** Upon completion of a **domestic Professional Experience placement** please complete and sign this claim form, submit it to the School/Centre Coordinator for certification and forward on to the University.

**Please ensure all areas of the form are completed fully to avoid delays in processing, some claims may take up to 8 weeks from processing to payment.**

**Claims should be sent via email to:** professional.experience@usq.edu.au

**Claimant Details:**

|  |  |
| --- | --- |
| **Personal Details:** [ ] Ms [ ] Mrs [ ] Mr  | **School/Centre Details** |
| First name:       | Name of School/Centre:       |
| Surname:        |
| Former name/s (if applicable):       | School/Centre Address:       |
| DOB:      /     /      |
| Home Address:       |
| Suburb/Town:       | Suburb/Town:       |
| State/Territory:       Postcode:       | State/Territory:       Postcode:       |
| Phone No:       | Site Coordinators Name:       |
| Email:       | Site Coordinators Email:       |

**Bank Account Details:**

|  |  |
| --- | --- |
| Financial Institution:       | BSB Number:        |
| Account Name:       | Account Number:       |
| **Tax File Number Declaration Form attached: [ ]  Yes [ ]  No, previously supplied in the last 12 months.***Failure to provide this form will result in your income being taxed at the highest marginal rate.* |

**Claim Details:**

|  |
| --- |
| Placement dates: From:      /     /      To:      /     /      |
| Name/s of Student/s***e.g. John Citizen***  | Course code, Semester, Year | Number of **Days** per Individual Student (*not including Lead days*)***e.g. 15*** | Total Number of **Hours** per Individual Student *(Maximum of 5 hours per day or part thereof)****e.g. 75*** | Current HourlyRate of Pay | Gross Amount |
|       |       |       |       | **$6.00** |       |
|       |       |       |       | **$6.00** |       |
|       |       |       |       | **$6.00** |       |
|       |       |       |       | **$6.00** |       |
|       |       |       |       | **$6.00** |       |
|       |       |       |       | **$6.00** |       |
| **TOTAL HOURS** |  | **TOTAL CLAIM (GST Inclusive)** |       |

I certify that all the details provided above are correct and the hours were worked as claimed:

Supervising Teacher Signature: \_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:**//

Coordinator Signature:\_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**//

**SECTION 2 – USQ OFFICE USE ONLY**

PAYROLL SECTION

|  |  |  |
| --- | --- | --- |
| Claimant Type | Payment Code | Hours |
| Supervising Teacher | IE1 |  |

 Payroll ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prepared by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_ Checked by  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_