**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](mailto: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 Hourly  Rate 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  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_