



CASUAL EMPLOYMENT PAYMENT CLAIM

Administration, Bus and Cleaning

Complete the applicable sections of this form and submit to your direct supervisor. Fill in one form per type of work performed.

Last name:	First name:	Type of work performed:	Fortnight Ending:
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Date	Shift 1				Shift 2				Hours worked
	Start Time	Finish Time	Meal break		Start Time	Finish Time	Meal break		
			Start	End			Start	End	
Total									

I declare that the information provided on this form is true and correct.

Approval/Payroll Use	
Signature:	Approved:
Date:	Processed: