UNIVERSITY OF SUSSEX CLAIM FOR AD-HOC/CASUAL HOURS



AD-HOC CLAIM FORM FOR SUBSTANTIVE POST HOLDERS

Usage of this form. This form should be used for any ad-hoc or "casual" claim which is to be paid alongside the salary of a substantive member of staff. Workers who do not hold employment at the University must be engaged via Reed Talent Solutions.

INFORMATION & INSTRUCTIONS

Completed forms should be returned by email, and by the authorising manager, to the relevant payroll inbox

Payment will only be made for work already done. Forms must not be submitted in advance of work having been completed

All forms must be submitted to Payroll by the manager who is authorised to sign off claims against the budget code used

Forms must not be submitted to payroll twice

Payroll cut off dates can be found on the University website

https://www.sussex.ac.uk/humanresources/payrollandpensions/payrolldocumentsandforms

All employing Units should ensure that they comply with the Immigration, Asylum & Nationality Act 2006. Human Resources will hold right to work checks, however Managers should be aware of visa restrictions. Contact the Human Resources Compliance Team for further information and guidance. internationalHR@sussex.ac.uk

By completing this form the Worker declares that they have agreed to the relevant terms and conditions of their engagement and that any concerns have been raised with and addressed by the engaging manager

Payments will be made by BACS alongside the Employees normal salary

Please note that the Payroll Office cannot provide advice on personal tax issues. For all tax queries please contact HMRC on 0300 200 3300. Basic rate tax will be deducted until your tax code has been confirmed

Privacy Notice https://www.sussex.ac.uk/about/website/privacy-and-cookies/privacy

PAYROLL DEDUCTIONS

Normal payroll deductions will apply to all casual claims, and deductions for Tax and National Insurance will be made in line with the appropriate thresholds

Payments made for casual work undertaken outside of the Employees normal T&C's are not pensionable

ALL FIELDS IN THIS SECTION ARE MANDATORY											
EMPLOYEE DETAILS											
STAFF NUMBER				PAYROLL NU				NUMBER			
EMPLOYEE NAME											
POST TITLE											
SUSSEX EMAIL ADDRESS			ESS	DATE OF BIRTH							
CACILAL WORK OLAIM DETAILS											
CASUAL WORK CLAIM DETAILS											
SCHOOL / DEPT				WORKING L				LOCATION			
DATE WOR (DD/MM/YY					NATURE OF WORK *				HOURS WORKED	SUB TOTALS *	
									TOTAL		
EXPENSE CLAIM DETAILS (please attach evidence of claim e.g. receipts)											
DATE OF CLAIM (DD/MM/YYYY)			NATURE OF CLAIM						RATE	SUB TOTAL	
									TOTAL		
ACCOUNT CODES TO BE CHARGED											
ACCOUNT	IT		PROJE	SUB- CO PROJECT S				% or hours		AUTHORISED BY	
ACCOUNT		SUB- PROJECT COSTING SPLIT			COSTING SPLIT		% or hours				
I confirm I have checked and approved the details of this claim and I also confirm that this work has been carried out											
SUPERVISOR NAME									EXT.		
POSITIO	.D							DATE			