THE UNIVERSITY OF SOUTHERN QUEENSLAND



CLAIM FOR PROFESSIONAL EXPERIENCE ALLOWANCES

SUPERVISING TEACHER

INTRUCTIONS: Please complete and sign this claim form within 4 weeks of completion of a **domestic Professional Experience placement** and forward on to the University.

Please note, you are not required to complete this form if you supported a student/s undertaking their placement while on a Permission to Teach (PTT). For more information please contact us.

Please ensure all areas of the form are completed fully to avoid delays in processing, some claims may take up to 6 weeks from processing to payment. Claims should be sent via email to: professional.experience@usq.edu.au

						Claima	ant Deta	ils				
Personal Det	tails											
Salutation:				Mr	Mrs	Ms	Miss					
First Name:												
Surname:												
Former name/	/s (if applica	able):										
DOB:												
Home Address:												
Suburb/Town:	:											
State/Territory:												
Postcode:												
Phone Numbe	er:											
Email:												
UniSQ Payroll	ID:											
School/Cent	re Details											
Name of Scho	ool/Centre:											
School/Centre												
Suburb/Town:	:											
State/Territor	y:											
Postcode:												
Site Coordinat	tor Name:											
Site Coordinat	tor Email:											
						Bank Ac	count D	etails				
Financial Insti	itution:											
Account Name:												
BSB Number:					-							
Account Numb	ber:											
Tax File Num	nber Decla	ration F	orm at	tach	ned: Y	'es No	, previo	usly supplied in	the las	t 12 months. Fail	lure to provide	
this form will	result in yo	ur incom	ne being	tax	ed at the	highest	marginal	rate.			•	
	_					Clair	n Detail	S				
Placement Da				Го								
Name of Student/s e.g. John Citizen		Course Code			per Ind Stude includi Da	of <u>Days</u> dividual nt (not ng Lead lys) . 15	pe (Ma	al Number of <u>Hou</u> r Individual Stude ximum of 5 hours ay or part thereof e.g 75	nt per	Current Hourly Rate of Pay	Gross Amount	
										\$7.19		
										\$7.19		
										\$7.19		
						L HOUR				TOTAL CLAIM (GST Inclusive)		
Certify that a Supervising T				abov	e are co	orrect an	id the h	ours were worke		aimed: ite:		
SECTION 2 - UniSQ OFFICE USE ONLY PAYROLL				CTION) Dayrall ID:						
Claimant Type	Payment Co	ode	Hours		UniSt	Q Payroll ID:						
Supervising Teacher	IE1				Prepa	ared By:			D	ate:		
					Checked By:				D	Date:		

Version: March 2023