

THE UNIVERSITY OF SOUTHERN QUEENSLAND

CLAIM FOR PROFESSIONAL EXPERIENCE ALLOWANCES



SUPERVISING TEACHER

INSTRUCTIONS: 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 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

Claimant Details

Personal Details

Salutation:	Mr Mrs Ms Miss
First Name:	
Surname:	
Former name/s (if applicable):	
DOB:	
Home Address:	
Suburb/Town:	
State/Territory:	
Postcode:	
Phone Number:	
Email:	
USQ Payroll ID:	

School/Centre Details

Name of School/Centre:	
School/Centre Address:	
Suburb/Town:	
State/Territory:	
Postcode:	
Site Coordinator Name:	
Site Coordinator Email:	

Bank Account Details

Financial Institution:	
Account Name:	
BSB Number:	-
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 of Student/s e.g. John Citizen	Course Code	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
				\$6.80	
				\$6.80	
				\$6.80	
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:

SECTION 2 – USQ OFFICE USE ONLY PAYROLL SECTION

Claimant Type	Payment Code	Hours
Supervising Teacher	IE1	

USQ Payroll ID:

Prepared By:

Date:

Checked By:

Date: