CLAIM FOR DEMONSTRATING FORM

**NOTE:** It is essential and a legal requirement that:

* Any/all work claimed for **ALWAYS falls within the date range of your casual contract of employment**. Check your contract before you claim! If your contract is out of date please ask your line manager to request a contract renewal from DPAG HR 5 days prior to the start of any request.
* You present your **Right to Work document(s)** to the Human Resources Team **before** any work takes place. Failure to do so will result in claims being void.
* Casual demonstrators are restricted to working up to **37.5 hours per week**.
* Payments are subject to tax and national insurance deductions.

Please enter the dates, times and number of hours worked in the table below. Once complete this form must be signed by you and your supervisor.

This form must be submitted by the **last day of each calendar month**. Casual Workers are paid in arrears by BACS transfer directly into the individual’s bank account.

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| --- | --- | --- |
| **DATE WORKED** | **TIMES WORKED** | **NUMBER OF HOURS**  **Must not exceed 37.5 hours per week.** |
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**Please tick correct box:**

Graduate Student  University employee  Other  ……………………………………………..

Please tick which category best fits the work you have completed:

|  |  |  |
| --- | --- | --- |
| General Technical Support (GTS) | |  |
| Physiology Classes / Practical (PCP) | |  |
| Gross Anatomy / Practical (GAP) | |  |
| Neuro Anatomy / Practical (NAP) | |  |
| Histology Classes / Practical (HCP) | |  |
| Other (please provide details)  O) |  | |

**By signing below, you confirm you have understood the guidance on this claim form.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Claimant** |  |  | **Supervisor** |  |
| **Name:** |  |  | **Name:** |  |
| **Signature:** |  |  | **Signature:** |  |
| **Date:** |  |  | **Date:** |  |