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| Timesheet/Payment Instruction for a Casual Worker (Form 96a) Casual Worker | | | |
| Guidance | | | |
| This timesheet must be completed for Casual Worker agreements (using Form 100) and countersigned by the Head of School or authorised signatory. The completed form must be submitted to payroll through People and Money by the 5th of the following month if payment is to be made by the end of that month. Payment may be delayed if this form is returned after this date. **NOTES:**   * **Incomplete/illegible forms will be returned** * The initiating School should retain a copy of this form. * Timesheets must be completed for all hours worked on **a monthly or other basis**. * Pay Advices will be forwarded to the appropriate School for distribution.   You no longer need to physically sign HR forms as long as you submit them via email from your University of Edinburgh email account. Please refer to the [HR A-Z Forms Page](https://www.ed.ac.uk/human-resources/a-to-z-of-forms) for more information.  If you require this document in an alternative format please contact HR via email [HRHelpline@ed.ac.uk](mailto:HRHelpline@ed.ac.uk) or by telephone on 0131 651 5151. | | | |
| Section 1: Employee’s details | | | |
| Title: | | |  |
| Employee Name: | | |  |
| Employee Number: | | |  |
| Date of Birth (dd/mm/yyyy): | | |  |
| National Insurance Number:  (Please contact your DWP Office if you do not have an NI no. see [www.dwp.gov.uk/localoffice](http://www.dwp.gov.uk/localoffice) for details) | | |  |
| Department / Organisation / Level 5: | | |  |
| Job Title: | | |  |
| Grade (please specify): | | |  |
| **Section 2: Claim details** | | | |
| Period of Claim (dd/mm/yyyy): | From: | To: | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Amount to be paid: | | | | | | | | | | | | | | | | | | | | | | |
| **Week** | | | | | | | | | | **Hours worked** | | | | | | | | | | | | |
| Week 1: | | | | | | | | | |  | | | | | | | | | | | | |
| Week 2: | | | | | | | | | |  | | | | | | | | | | | | |
| Week 3: | | | | | | | | | |  | | | | | | | | | | | | |
| Week 4: | | | | | | | | | |  | | | | | | | | | | | | |
| Week 5: | | | | | | | | | |  | | | | | | | | | | | | |
| Totals hours: | | | | | | | | | | 0 | | | | | | | | | | | | |
| Hourly Rate of Pay: | | | | | | | | | | £ | | | | | | | | | | | | |
| Holiday % | | | | | | | | | |  | | | | | | | | | | | | |
| Total amount including Holidays | | | | | | | | | |  | | | | | | | | | | | | |
| Other payments**\***: | | | | | | | | | |  | | | | | | | | | | | | |
| Total amount due: | | | | | | | | | | £ | | | | | | | | | | | | |
| Comments: \* (must be completed when other payments have been authorised): | | | | | | | | | | | | | | | | | | | | | | |
| **Section 3: Source of Funds** | | Account | | | | | Cost Centre | | | | | | | | Sub-Analysis | | | | | | | |
|  | |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |
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| **Section 4: Payment Authorisation** **- Verified and authorised by Head of School or Authorised Signatory** | | | | | | | | | | | | | | | | | | | | | | |
| I confirm that the hours specified have been worked and the above amount is now due. | | | | | | | | | | | | | | | | | | | | | | |
| Signature: |  | | | | | | | | | Date (dd/mm/yyyy): | | | | | |  | | | | | | |
| Print name: |  | | | | | | | | | Telephone Number: | | | | | |  | | | | | | |
| Position: | | | | | | | | | |  | | | | | | | | | | | | |
| **Section 5: Verified by member of Staff:** | | | | | | | | | | | | | | | | | | | | | | |
| Signature: | | | | | | | | | |  | | | | | | | | | | | | |
| Date (dd/mm/yyyy): | | | | | | | | | |  | | | | | | | | | | | | |