



CLAIM FOR PAYMENT OF PRACTISING SCHOOL ALLOWANCES

(A separate claim must be lodged for each session)

Please tick appropriate level

- Primary
 Preschool
 Secondary
 Special
 Child Care
 Kindergarten

For the practice period ____/____/____ to ____/____/____

School _____

Address _____

Postcode _____

SUPERVISION				TRANSFER OF TOTALS FROM GROUP TALK PROFORMA			
No of students	x	Days in practice session	= Student days in practice session	No of students	x	Talk duration hours	= Equivalent supervision hours
	x		=		x		=
	x		=		x		=
	x		=		x		=
Total student days in practice session A _____				E _____ F _____			
Total student hours in practice session (A x 5 hrs) B _____				<p align="center">CLAIMANT'S CERTIFICATE</p> <p>I certify that such verifications as are necessary have been carried out to ensure that this claim is properly payable.</p> <p>Signed _____ (Coordinator of Practice Teaching)</p> <p>Date ____/____/____</p>			
<p>Non-claimable hours</p> <p>Student absences with 24 hrs notice (days x 5 hrs) _____</p> <p>Student absences with less than 24 hrs notice (days x 3 hrs) _____</p> <p>Equivalent student supervision hours</p> <p>Attendance at group talks (F) _____ C _____</p> <p>TOTAL CLAIMABLE HOURS (B-C) D _____</p> <p>NB Delete public holidays and days when the school was closed from calculation.</p>							
				PLEASE COMPLETE TEACHER CLAIM DETAILS ON REVERSE OF FORM			

IMPORTANT – PLEASE NOTE

SEPARATE CLAIMS – Use separate claim forms for each practice teaching session.

NB: The formula used for payment is set down in the Industrial Agreement.

This form can be downloaded from http://feo.ed.qut.edu.au/documents/Claim_for_Payment_form.pdf (website).

DETAILS OF CLAIM

PART HOURS MUST BE EXPRESSED AS TWO DECIMALS

School Staff (Please print)			QUT Employee # (if known)	Supervisory	Group Talks	Coordination*
No	Teacher's surname	Given names		Contact Hours	Hours	Days
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
TOTALS				May not exceed 'D' on page 1	May not exceed 'E' on page 1	May not exceed 'A' on page 1

* **Coordination Allowance** may only be claimed if two or more supervising teachers are involved. (Secondary)

* **Coordination Allowance** may only be claimed if two or more students are involved. (Primary/Preschool)

NAMES OF STUDENTS

_____	_____
_____	_____
_____	_____
_____	_____

Note: Records to be retained at school for perusal of University Auditors if required.

FOR QUEENSLAND UNIVERSITY OF TECHNOLOGY USE ONLY

CERTIFICATE

The claims for supervision, group talks and coordination do not exceed D, E and A and do not exceed the approvals provided on the Field Experience Office reports.

Finance Processing Officer

DATA ENTRY