THE UNIVERSITY OF HUDDERSFIELD

# INVIGILATORS CLAIM FORM

This form must NOT be used to employ current students, any invigilators claim form used in this way will be returned and will not be paid.

|  |  |
| --- | --- |
| Surname |  (Mr/Mrs/Miss/Ms/Dr/Prof) |
| Full Forenames  |  |
| Full Postal Address  |  |
|  |  |
|  |  | Post Code  |  |
|  |  |
|  |  |
| National Insurance Number\* |  |  |  |  |  |  |  |  |  |
|  |  |  |
|  |  |  |
| Date of Birth\* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ***\*These are mandatory requirements of HM Revenue and Customs for correct processing through PAYE*** |
|  |  |  |  |
| Contact tel no. |  | E-mail |  |
|  |
|  |
|  |
| *If you have previously supplied bank details on one of these forms and you wish us to use these again please tick here* ❒ |
| Bank Details | *Please note that payment can only be made to a bank or building society account via BACS. Incorrect details could well delay payment.*  |
| Bank / BuildingSociety name |  |
| Postal address |  |
|  |  |
|  |  |

 Bank Sort Code Bank Account Number

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

 Account name Building Society Roll Number (if applicable)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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**Please continue overleaf …….**

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| **HM Revenue & Customs - Starter Checklist – Employee Statement**You need to tick only **one** of the following statements, A, B or C |
| **A** ❑ | This is my first job since last 6 April and **I have not** been receiving taxable Jobseeker’s Allowance, Employment and Support Allowance, taxable Incapacity Benefit, State or Occupational Pension  |
| **B** ❑ | This is now my only job, but since last 6 April **I have** had another job, or have received taxable Jobseeker’s Allowance, Employment and Support Allowance or taxable Incapacity Benefit. I do not receive a State or Occupational Pension.  |
| **C** ❑ | As well as my new job, I have another job or receive a State or Occupational Pension |
| I have a Student Loan which is not fully repaid. If ‘Yes’, please select the plan below.Select ‘No’ if you are repaying your Student Loan direct to the Student Loans Company by agreed monthly instalments. | Yes❑No ❑ |
| You will have a Plan 1 Student Loan if:• You lived in Scotland or Northern Ireland when you started your course, or• You lived in England or Wales and started your course before September 2012You will have a Plan 2 Student Loan if you lived in England or Wales and started your course on or after 1 September 2012. | Plan 1❑Plan 2❑ |

|  |  |
| --- | --- |
| Are you a member of University Staff?**Are you a current student at the University?** | Yes/NoYes/No (If you are a current student you are not able to use this form to receive payment, please speak to your manager.) |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Start date of invigilation work: |  | End date: |  |
|  |  |
| School/Service: |  |
|  |  |
| Total number of hours worked *(Payable at Grade 3 Point 7):* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Hours |  |  | Mins |

 |
|  |

**Claimants Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***If this is your last claim then please tick here* ❒**

|  |
| --- |
| **FOR COMPLETION BY SCHOOL/SERVICE:** I authorise payment as claimed above and certify that the amounts are in accordance with the terms of engagement: |
|  |
| **COST CENTRE MANAGER/DELEGATE** |  |
| Signed: |  |  | **NOMINAL** | **COST CENTRE** | **AMOUNT** |
|  |  |  |  |
| Name:  |  |  |  |
|  |  |  |  |
| Tel Ext:  |  | Date  |  |