

Non-Teaching Supply Claim

Supply & Casual Staff

This form should be used to provide details of any claims for Supply and Relief work. **A separate form MUST be completed for each job / assignment worked.** This form **MUST NOT** be used for overtime or additional hours OR be used for work through another organisation e.g. HAYS.

Personal Details

Forename(s)		National Insurance Number
Surname		

Job Details (for the Job the Claim relates to)

Job Title		Assignment Number
Team		
Service		

If you are a NEW STARTER you must provide a New Starter Form and New Contract Form before payment is made. If you are a CURRENT EMPLOYEE you do not need to provide any additional information UNLESS you are taking on a NEW JOB where you must provide a New Contract Form for that new job.

Claim Details

Date	Hours Claimed	Cost Centre Override
Total		

Employee Declaration

I confirm I have undertaken the work outlined and submit this claim as accurate and complete.			
Signature ¹		Date	

¹The employee must ALWAYS sign the form to confirm the hours worked.

Manager Authorisation

I hereby authorise this request and in doing so certify this claim as correct and valid.			
Signature ²		Date	
Name		Tel. No.	
Job Title			

²The MANAGER does not need to sign the form if it is emailed from a secure, authorised email account.

Completed forms to; HR Admin, Shire Hall, Market Place, Warwick, CV34 4RL. hradministration@warwickshire.gov.uk