

# DE MONTFORT UNIVERSITY- CLAIM FORM

**USE FOR MONTHLY PAID STAFF BY TIMESHEET ONLY**

**For Week ending: \_\_\_\_\_ (Sunday)**

Employee Number \_\_\_\_\_

**COMPLETE ALL ITEMS IN BLOCK CAPITALS**

Department: \_\_\_\_\_ External Relations

Post: \_\_\_\_\_

Surname: \_\_\_\_\_

First Name (in full) \_\_\_\_\_

Address: \_\_\_\_\_

Postcode \_\_\_\_\_

**Please tick here if your address has changed:** ☐

D.O.B \_\_\_\_\_

National Insurance Number \_\_\_\_\_

*This timesheet must be completed at the end of each week*

Day	From	To	Total Hrs	Lead staff	Event	Budget Code										
Mon													2	5	3	1
													2	5	3	1
													2	5	3	1
													2	5	3	1
Tue													2	5	3	1
													2	5	3	1
													2	5	3	1
													2	5	3	1
Wed													2	5	3	1
													2	5	3	1
													2	5	3	1
													2	5	3	1
Thu													2	5	3	1
													2	5	3	1
													2	5	3	1
													2	5	3	1
Fri													2	5	3	1
													2	5	3	1
													2	5	3	1
													2	5	3	1
Sat													2	5	3	1
													2	5	3	1
Sun													2	5	3	1
													2	5	3	1
TOTAL HOURS WORKED:				Rate of Pay per Hour		Examined Payroll Dept										

I Certify the times shown are correct: \_\_\_\_\_ (Employee)

Certified that hours worked are correct: \_\_\_\_\_ (Authorised Officer)