

CASUAL SALARY ADJUSTMENT FORM

INSTRUCTIONS

- Where possible, please fill in using Adobe Acrobat reader and sign digitally into the signature fields. Once the form is signed by the claimant digitally, it will not be possible to edit/override claims.



EMPLOYEE NO:	GIVEN NAME(S):	FAMILY NAME:	FACULTY/ INSTITUTE/DIVISION:
NATURE OF WORK:	COMMENT TO PAYROLL:		

[illegible]

CLAIMANT'S SIGNATURE		SUPERVISOR'S SIGNATURE	REMUNERATION AND BENEFITS USE ONLY	
FULL NAME		FULL NAME		
SIGNATURE		SIGNATURE		
DATE		DATE		

IMPORTANT NOTE - Completed forms can **ONLY** be emailed to payroll@uq.edu.au by your Supervisor.