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 I | NO: | | | GIVEN NAME(S): | | | FAMILY NAME: | | | FACULTY/ INSTITUTE/DIVISION: |
|---|------------|-------------|----------------|----------------------|----------------------------------|--|---------------|------------------------------------|-------------------------------|---------------------------------|
| NATURE OF | WORK: | | | COMMENT TO PAYROLL: | | | | | | |
| DATE | TIME | | HOURS | CLASSIF- ICATION | COSTING GL CHART STRI | nter if this is NOT the usual salary account for claimant | | | PAYROLL USE ONLY | |
| DD/MM/YY | FROM | TO | HH.MM (+/-) | HEW LEVEL CODE | OPTINIT AND SITE | | ND & CTION | PROJECT (optional) | FREE FORMAT TAG (optional) | REASON FOR ADJUSTMENT |
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| OFFICE USE | ONLY | TOTAL | | | | | | | | |
| CLAIMANT'S SIGNATURE SUPERVISOR'S SIGNATURE | | | | | | | | REMUNERATION AND BENEFITS USE ONLY | | |
| FULL NAME | | | | | FULL NAME | | | | RED BY | CHECKED BY |
| SIGNATURE | | | | | SIGNATURE | | | | | |
| DATE | | | | | DATE | | | | | |
| IMPORTANT | NOTE - Cor | mpleted for | ms can ONL | Y be emailed | d to payroll@uq.edu.au by your S | upervis | sor. | | | |