Undertaken Duties Claim Form

Please complete this form and return it to the appropriate departmental administrator. All claims must be submitted within 90 days of the work ending. The first Claim Form for each Assignment must be filled-out in full and, for HMRC compliance, must feature a completed and signed Claimant Declaration (section C). Subsequent forms (for the same Assignment) may be used to notify of any changes. On subsequent Claim forms, unless details are entered, the data provided with the first Claim will be used for any section marked with the symbol:



A. Personal details (all of these are required to allow us to make payment)

Title			Forename	e					Surnam	ne					
Date of birth (dd/mm/yyyy)			NI numbe	er							Gender				
Email address															
B. Details	of assig	nment	and w	ork u	nder	take	n (requii	red)							
Type of work															
Description of work															
Cla	im from/ t	o dates M	JST be in	n the sam	ne cale	endar m	onth		Hours						
Claim f	Claim from (dd/mm/yy)			Claim to (dd/mm/yy)				Claime	ed						
					Hourl Rate				y						
C. Claimar You must tick			_			icable,	tick the stu	udent	loan op	tion					
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 or a state or occupational pension. OR															
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 have a state or occupational pension. OR															
C. I have another job or receive a state or occupational pension.															
Student Loan Declaration															
By signing and	By signing and submitting this claim I declare that I undertook the work outlined above and was eligible to carry out this work.														
Signature									Date						
D. Claimant's home address details (needed for Payroll's submission to HMRC)															
Home Address I															
Home Address 2															
Home Address 3															
Town/ City	Postco			stcode		Telephone									
E. Claimar	E. Claimant's bank account (if payment is to be to a non-UK bank, complete section H.)														
Sort Code							Account								

Please continue over to section F...

F. Equalities information Q

Please indicate your Ethnic Origin and Disability status. Each year, the University is obliged to make a statistical return to the Higher Education Statistics Agency (HESA), on individuals processed through Payroll. The following sections form part of the submission so it is important that this data is collected. It will be used only for anonymous, statistical analysis. The options shown below reflect the Census of Population ethnicity classifications used throughout the UK.

White - Scottish	Other White background	Asian or Asian British – Indian		
Asian or Asian British – Bangladeshi	Asian or Asian British – Pakistani	Chinese		
Other Asian background	Black or Black British – African	Black or Black British – Caribbean		
Other Black background	Mixed – White and Black African	Mixed – White and Asian		
Mixed – White and Black Caribbean	Other Mixed background	Not known		
Prefer Not to Disclose	Other Not Listed Above			
Please state if not listed above:		'		

F.2. Disability

The Equality Act 2010 s.6 (1) defines disability as 'A physical or mental impairment which has a long term and substantial adverse effect on a person's ability to carry out normal day to day activities.' Day to day activities encompass activities which are relevant to working life, walking, driving, using public transport, cooking, eating, lifting everyday objects, writing, talking, listening or taking part in social interactions. Long term means that the impairment has lasted or is likely to last for at least 12 months or for the rest of the affected person's life. Substantial means more than minor or trivial.

Yes

No

Prefer not to say

Do you have a disability as defined by the Equality Act 2010?

G. Ledger code(s) to be charged (staff use only; please ensure adds up to claim total)

	•	•
	Amount £ Dep	ot.
	Amount £ Dep	ot.
	Amount £ Dep	ot.

H. Offline processing - non-salaried appointments or non-UK bank details

Payment cannot be made through the Supplementary Payments system to those with non-UK bank accounts or those with a current non-salaried appointment on the HR system. If payment needs to be made to a non-UK bank account, please provide account details below and send the signed form to HR to process the claim. If payment is to be made to a person with a current non-salaried appointment, please send the signed form to HR to process the claim, along with the evidence of eligibility to work in the UK. BIC/Swift Number is the Bank Identifier Code. In the US or Canada you may also have an ABA number (routing code).

IBAN numbers are used for payments within Europe and must be quoted. If your payment is going to the USA for example you will not have an IBAN number but you should state your bank account number. Please be advised that depending on the country to which the funds are being sent the IBAN account number may be longer than the standard 22 digits shown e.g. for transfer to Poland

the IBAN will be 28 digits. Please ensure the correct IBAN is quoted as an incorrect IBAN number may result in funds being returned.

Bank name				
Bank address				
Account number		Account name		
BIC/Swift identifier		ABA routing (if applicable)		
IBAN number				
Authorisation and processing	Name	Signature	Date	
Work Requestor				
Oracle input complete				
Payroll confirmation that payment processed				