



PART-TIME TEACHING CLAIM FORM

THE LECTURER SHOULD RETAIN A COPY OF THIS FORM TO PREVENT
DUPLICATE CLAIMS

SCHOOL/HR/OFFICE USE	
Cost Centre	
Project Code	
Part-time Hour Rate Code	
Hourly Rate	€

Name: (Block capitals)				Employee No:
Programme/Course:				
Module Taught:				
Level 7				
Level 8				
Level 9				
Position: (e.g. P/T Lecturer/Tutor/Senior Demonstrator)				
Date	Day	Times worked	Number of Hours (minus breaks)	
	Mon			
	Tues			
	Wed			
	Thurs			
	Fri			
	Sat			
			Total hours for week:	
Date	Day	Times worked	Number of Hours (minus breaks)	
	Mon			
	Tues			
	Wed			
	Thurs			
	Fri			
	Sat			
			Total hours for week:	
Date	Day	Times worked	Number of Hours (minus breaks)	
	Mon			
	Tues			
	Wed			
	Thurs			
	Fri			
	Sat			
			Total hours for week:	
Date	Day	Times worked	Number of Hours (minus breaks)	
	Mon			
	Tues			
	Wed			
	Thurs			
	Fri			
	Sat			
			Total hours for week:	
			TOTAL HOURS FOR MONTH	

I hereby apply for payment of part-time hours as detailed and I declare that the particulars as set out are correct.

Signature of Lecturer: _____

Certified for payment _____ (HEAD OF SCHOOL/DEPARTMENT/SECTION)