**To be completed by:** the Occasional Employee

**To be authorised by**: Line Manager or Nominee

**Send completed form to:** HR Payroll Services - payrollservice@tcd.ie

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| --- | --- | --- | --- |
| **Staff ID** |  | **PPS no.** |  |
| Employee First Name |  | Employee Surname |  |
| Employee Signature |  | Date |  |
| Manager Signature (digital signature) |  | Date |  |

Tick appropriate category of work:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Lecture Fees |  |  | Demonstration |  |  | Invigilation |  |
|  | Sports Centre |  |  | Science Gallery |  |  | Tutorials |  |
|  | Technical |  |  | Administrative |  |  | Buildings & Serv |  |

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| **Wk-**  **Ending** | **Please indicate hours and days worked below:**  **Mon Tue Wed Thu Fri Sat Sun** | | | | | | | **Total**  **Hours** | **Rate**  **Per hour** | **Totals**  **€** |
| **--/--/--** |  |  |  |  |  |  |  |  |  |  |
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| **Total Payment** | | | | | | | |  | |  |

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| --- | --- | --- | --- | --- |
| **Project Codes**  **to be charged** | General Ledger | GL Cost Centre | GL Activity | GL Source of Funds |
| General Ledger | GL Cost Centre | GL Activity | GL Source of Funds |
| Research Project | Cost Centre | Project No | Award No |

|  |  |  |
| --- | --- | --- |
| **PAYROLL USE ONLY** | | |
| Code | PRSI Weeks | Location |

Notes:

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| 1 | Completed Claim Forms must be received to the Payroll Service Inbox @payrollservice@tcd.ie by 5.00pm the last working day of the month |
| 2 | Casual claim forms are strictly paid one month in arrears. |
| 3 | Payment will be made on the last working day of the month in which the claim is received, providing all details are correct / complete and the claim is received on time. |
| 4 | Details of Surname, First Names, PPS No. and Staff Number must always be entered on the form. |
| 5 | If it is your first claim, leave the Staff Number box blank. |
| 6 | If you do not have a PPS No. please contact the DSP on www.welfare.ie immediately. On receipt of your first claim, a Staff Number will be allocated and displayed on your Pay Advice which should be quoted on all subsequent claims. |
| 7 | The name of the School / Discipline for which the work was done must be specified. If you have undertaken work in more than one School, separate claim forms must be completed. |
| 8 | If you are claiming payment for the first time, you must first complete the "Engagement Form" in conjunction with the School / Discipline which engaged you to carry out the work. Send the Engagement Form to HROccasionalStaff@tcd.ie |
| 9 | Claim forms must not cover a period longer than one month and should be completed for each week ending on the Friday of that week in which work was performed. |
| 10 | In respect of each week in which work was performed, please tick the relevant boxes to indicate on which days the work was performed. This is required to determine the number of insurable weeks, which will be required to establish future entitlement to Social Welfare Benefits. |
| 11 | The School / Faculty Office as appropriate should: (i) check the details of work performed for which payment is claimed and (ii) calculate the gross pay based on the agreed hourly rate or other basis and (iii) ensure that all sections are completed. |
| 12 | The School / Faculty Office should enter the account code(s) to which the cost of the work is to be charged. For Costs charged to a General Ledger code please complete section X, for charges to Research Projects, please populate Section Y. For costs to be charged out to a third party, please complete Section Z. Certain segments have been prepopulated where these have default values. |
| 13 | Please note: Incomplete claim forms will not be processed and will be returned to the School / Discipline for correction. |
| 14 | If you have any queries regarding the completion of this form, please contact either the School Office where you are working or the Payroll Services team on 01 896 4963 |