



# Graduate Teaching Assistant

## (Staff Claimant – SGTC Only)

This form is for use by Staff Claimants employed on a University of Sheffield Graduate Training Contract ONLY.

Please complete this form using clear, block capital letters, sign and date and pass to your departmental office for processing. Once this form has been signed by an authorised signatory, please return by post to **Payroll & Expenses, Finance Department, Firth Court, Western Bank, Sheffield, S10 2TN**, or in person to: **Level 1 Reception, Arts Tower, Western Bank, Sheffield, S10 2TN**.

*All fields must be completed in BLOCK CAPITALS*

Name: ..... Department: .....

Payroll Number: ..... Date of Birth: .....

NI Number:

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Dates work completed.	Brief description of work undertaken	Hours Worked	Hourly Rate	£	p
List hours worked per week. Week commencing Monday:	Wage Type: 3198 - Sheffield Graduate Training				
	Wage Type : 3219 - Holiday Pay				
<b>Totals</b>					

\*Delete as appropriate

<b>Claimant :</b> Student Visa Holder Yes/No* If Yes, by signing below, you certify that you were eligible to work, and did not work over the UKVI limit of 10/20 hours per week in this and all other jobs combined in accordance with your visa.  <b>All Claimants must sign below</b>  Signed ..... Date .....	Checked by Budget Holder .....  Approved by Authorised Signatory  Name (CAPITALS) .....  Signed ..... Date .....
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### For Departmental Office use only

Cost Centre or WBS Code	Item	Wage Type	Infotype Screen	Hours Worked	Hourly Rate	£	p
	Basic SGT	3198	IT2010				
	Basic SGT	3198	IT2010				
	Holiday Pay	3219	IT0015				
	Holiday Pay	3219	IT0015				
For Departmental use only	<b>Total</b>						