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| **APPROVAL FOR ONE-OFF PAYMENT - EXISTING ACADEMIC/PROFESSIONAL STAFF****\*\*\* One-off payments for Academic Sessional Staff are to be processed via the Staff Kiosk \*\*\****NB. This form should not be used for regular fortnightly salary payments and is not an employment contract.* *There must be an Employment contract in place prior to work commencing.* |
| **PART A. Employee Details** |
| Employee/Staff No. |       | Employee name: |       | Job No. |       |
| Business Title:no.  |       |
| School/Centre |       | Discipline/Department |       |
| Payment date |       |
| **PART B. Payment Details** *– please tick payment type as appropriate* |
| **[ ]  One-off payment** *(please complete table below)* **[ ]  \*Recognition Payment** *(please attach supporting business case)* |
| Reason for payment *(what was the work undertaken?)*:      |
| **Payment calculation:** |
| Paycode:       | Rate per hour:       | Dates worked:       | Total hours:       | Amount:       |
| Paycode:       | Rate per hour:       | Dates worked:       | Total hours:       | Amount:       |
| Paycode:       | Rate per hour:       | Dates worked:       | Total hours:       | Amount:       |
| **Total of Payment** $      ***\*****Note: Recognition Payment total is inclusive of superannuation*. |
| **PART C. Funding for payment** |
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| **Project** |  | **Cost Centre** |  | **Account** |  | **Activity** |  | **Loc** |  | **Comp.** |
|  | **-** |  | **-** |  | **-** |  | **-** |  | **-** | **0** | **1** |

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| **PART D. ENDORSING SIGNATURE AND APPROVAL (AS PER HR DELEGATIONS)** |
| **Endorsed:** | Name:       | Signature: | Date: |
| **Approved as per** **HR Delegations** | Name:       | Signature: | Date: |
| **Supported HR Business Partner:***(Recognition Payment Only)* | Name:       | Signature: | Date: |
| ***School/Area contact (should further information be required):****Name:*       Position:       Extension:       |