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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** | | | | | | | | | | | | | | |
| |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Project** |  | **Cost Centre** |  | **Account** |  | **Activity** |  | **Loc** |  | **Comp.** | | |  | **-** |  | **-** |  | **-** |  | **-** |  | **-** | **0** | **1** | | | | | | | | | | | | | | | |
| **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: | | | | | | | | | | | | | | |