MARKER CLAIM FORM

Please record date and number of hours for marking. Remuneration will be based on information supplied on this form.

Name:_____   ID No. :_____

Campus:_____   Course Code :_____   Semester:_____

Please Tick One   Face to Face: [   ]   Print: [   ]

Week	Dates	Exams / Assignments Details	No. of Scripts
		Total Scripts Marked	
		Rate	
		Total Amount Claimed	

I certify that the information given above is correct.

Signed :_____   Verified :_____   Verified :_____
     (Claimant)   (Campus Coordinator)   (Course Coordinator)

Date :_____   Date :_____   Date :_____

Endorsed :_____   Date :_____
     (Head of College)

Checked and Verified:_____   Date :_____
     (Manager Finance & Corporate Services)

Approved:_____   Date :_____
     (Director, Pacific TAFE)

Vote Code to be paid from: B5501 – PT0   – 65000 – 001