



## CLAIM FORM PART-TIME EMPLOYEES

(a) This claim will only be paid out if the form has been completed correctly and in full.

(b) Please complete the reverse side of this form if the payment is not a lump sum.

### 1. BIOGRAPHICAL INFORMATION

Employee number ..... (if available)

Surname and First Names .....

Title ..... \*Gender .....

\*Race ..... Marital status .....

Previous surname ..... Citizenship .....

Language .....

\*For statistical purposes

**Should you have a query regarding the claiming procedure, you are welcome  
to contact our Personnel Services Offices at 318-5067.**

### DECLARATION ABOUT OTHER EMPLOYMENT - COMPULSORY

Do you have another job? (mark with an X)

Yes

No

### PART-TIME REMUNERATION CLAIM DETAILS

This claim form will only be accepted if a contract (PS3, PS4, PS5, PS6, whichever is applicable) between Technikon and the staff member, has been completed and signed by both parties.

Total hours

Rate per hour R

Lump sum R

Cost Centre  Account No.

CLAIMER

HEAD OF DEPARTMENT/SUPEVISOR

SALARIES

CONTACT TEL. NUMBER

CONTACT TEL. NUMBER

DATE

DATE

DATE

PARTICULARS OF CLAIM

1. PERIOD OF SERVICE FOR THIS CLAIM: FROM ..... TO .....

DAY	HOURS FROM - TO	TOTAL PER DAY	MARK DATE(S) WORKED WITH X IN APPLICABLE BLOCK(S)																															TOTAL HOURS	
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
MONDAY																																			
TUESDAY																																			
WEDNESDAY																																			
THURSDAY																																			
FRIDAY																																			
SATURDAY																																			
SUNDAY																																			
TOTAL HOURS PER WEEK APPROVED			TOTAL HOURS CLAIMED																																

.....  
SIGNATURE OF CLAIMANT