**Please tick the relevant box to indicate the date the employee is paid. MONTHLY 16th**

**MONTHLY 26th**

* **Please return this form to the ArtForms office within the stated monthly deadline.**
* **EMAIL: artforms.claims@leeds.gov.uk**
* **ADDRESS: ArtForms, Pudsey Civic Hall, Dawson’s Corner, LEEDS LS28 5TA**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section A: School Information** | |  |  | | | | | | | |
| Personnel Area | ArtForms Music – Children and Families | Code | | 1090 | Cost Centre | 5 | 9 | 2 | 1 | 4 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section B: Claimant Personal Details** | |  |  | | |
| Title e.g. Mrs., Mr. | Surname | Forename(s) | | | Personnel Number |
|  |
| Job title: | | | | DfE Number | / |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section C: Hours Worked\*** | | | | | | | | | | | | |  |  |
| Week Ending Date (Sunday) | Monday | | Tuesday | | Wednesday | | Thursday | | Friday | | Other | | Enter Hours/Days to be Paid | |
| Hrs | Dec | Hrs | Dec | Hrs | Dec | Hrs | Dec | Hrs | Dec | Hrs | Dec | Total Days | Total Hours |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| --- |
| Comments: Please list below the hours worked at each school or music centre and enter the number of hours above; **please include if possible any information you have about why this work is required** |

\* Decimal Conversion For Time Recording

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mins | 05 | 10 | 15 | 20 | 25 | 30 | 35 | 40 | 45 | 50 | 55 |
| Dec | 0.08 | 0.17 | 0.25 | 0.33 | 0.42 | 0.50 | 0.58 | 0.67 | 0.75 | 0.83 | 0.92 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section E: Authorisations** | | | | |
| Claimant: I certify that this is a true record of the actual hours worked by me. | | | | |
| Signature: | | | Date: | |
| Checked By: | | | | |
| Signature: | | Name: | | |
| Date: | | Contact telephone number: 0113 3782850 (ArtForms) | | |
| Authorising Officer: I certify that the duties, hours and expenses have been undertaken as detailed. | | | | |
| Signature: | | Name of Authorising Officer: | | |
| Date: | | Contact telephone number: 0113 3782850 (ArtForms) | | |
| **EAS USE ONLY BELOW THIS LINE** | | | | |
| Total Hours Paid: | | Total Days Paid : | | |
| Input By: | Date: | Authorised By: | | Date: |