



Time Claim

Department of Education
and Early Childhood Development

Week Beginning _____
mm / dd / yyyy

To Week Ending _____
mm / dd / yyyy

Social Insurance No	Employee ID	Empl Rcd	Last Name	First Name	Time Reporting Code	Hours per Day							Rate
						Sat	Sun	Mon	Tue	Wed	Thu	Fri	

Prepared by: _____ Title _____ Signature _____ Date: _____

Authorized by: _____ Title _____ Signature _____ Date: _____

Teachers' Payroll Use Only

Actioned by: _____ Title _____ Signature _____ Date: _____

- TRC: R11 - Public Exam Markers Earnings
 R12 - Public Exams Supervisor Earnings
 R13 - Public Exam Setters
 R14 - Govt Time Claim Curriculum
 R15- Language Programs Time Claim
 R16 - Home Tutor
 R17 - Distance Education Time Claim