



Casual Timesheet Amendment Form

To be prepared by Department and submitted to HR via casual-pay@uow.edu.au

Employee Details			
Last Name	<input type="text"/>	First Name	<input type="text"/>
Employee Number	<input type="text"/>	Position Title	<input type="text"/>
Faculty/Division	<input type="text"/>	School/Unit	<input type="text"/>

Reason for Amendment

Change of date for approved claim
 Employee claimed higher rate than entitled
 Employee claimed hours not worked due to sickness
 Employee claimed lower rate than entitled
 Employee claimed hours not worked due to other absence
 Other (please specify) _____
 Employee over-claimed hours on a day they worked

Details of how the issue occurred and strategies to prevent re-occurrence:

Specific details of casual timesheet(s) to amend*

Job No	Work Date	Correct Date <i>(if applicable)</i>	Claimed Rate	Correct Rate <i>(if applicable)</i>	Claimed Hours	Correct Hours <i>(if applicable)</i>	Activity/Subject

**If additional entries are required, please include as an attachment*

Overpayment only

Outcomes

Employee understands and acknowledges overpayment

Please note HR will contact the employee with specific details of any overpayments and will provide details to repay via direct deposit.

Timesheet Approver or Head of Unit Authorisation

Name Position

Signature Date