University of Wollongong – School of Education

Professional Experience - Supervising Teacher Payment Voucher 2026
TESOL

INSTRUCTIONS

1. **Complete and submit this Payment Voucher at the completion of the placement.** Complete all sections and ensure that *Performance of Service* is signed off by the relevant personnel.
2. If this is the first time you have submitted a claim to UOW or your details have changed since your last claim it is a requirement that you must complete and attach a Tax File Declaration and Superannuation Standard Choice form (Click here to download).
   If you do not submit all supporting documentation your claim cannot be processed by UOW Payroll and will be returned to you to resubmit in one entity for processing.
3. Resubmit your TFN plus Superannuation forms if you haven't claimed payment from UOW in the last 5 years.
4. Return this Payment Voucher and any additional supporting documentation to - pex-enquiries@uow.edu.au to be approved by the Professional Experience Unit and processed by UOW Payroll. **Attachments should be as a .pdf file only. Do not use a SharePoint/Onedrive link.**

Important Notes

- Rates are based on the 2024 Professional Experience Agreement.

PERSONAL DETAILS (Complete **all** fields)

Name of School, Centre or Facility:			
First name:	Last name:		
Previous name (if applicable):		Gender:	DOB:
Address:	Suburb:		Postcode:
Phone:	Email:		
Title (Please Circle): Mr / Mrs / Miss / Ms	UOW Employee No. (if applicable):		

BANK ACCOUNT DETAILS (Complete **all** fields)

Please tick the appropriate box:

☐ This is my first claim with UOW. (Complete and attach a Tax File Declaration and Superannuation Standard Choice form.)

☐ My bank details have changed since my last claim. (For a change of name – attach relevant documentation to verify your change of name.)

☐ My bank details previously supplied to UOW are the same.

Name of Financial Institution:	
Name of Account Holder:	
BSB or Branch Number:	
Account Number:	

DETAILS OF CLAIM (Complete **all** fields)

Under the terms of the PSB agreement, teachers are eligible to claim only for days which the student(s) is/are actively supervised by the Claimant.

Name of student:	**TESOL subject code:**	**Placement dates must be entered:**	
		Start:	
		End:	
Please complete a separate payment voucher for each student supervised. Public Holidays are not eligible for payment.		**Total flat rate payment for this Payment Voucher:**	**$557.25**

PERFORMANCE OF SERVICE (Complete **all** fields)

Claiming: **Total flat rate of $557.25** payment for this Payment Voucher ($37.15 per day per Preservice Teacher x 15 days)

Claimant signature: _____ Date: _____

OFFICIAL USE ONLY

This Payment Voucher is provided by the School of Education.

Human Resources: 160 0302 6030 Entered by: _____ Date: _____

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