

# 2023 Assisted Travel Support Officer – Pay Claim Form

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Employee number: \_\_\_\_\_ Run number: \_\_\_\_\_ Pay period end: \_\_\_\_\_

If you have taken leave, please record the leave type, hours and minutes normally worked below

Day	Date	AM/PM	Hrs	Mins	Names of absent students	Comments (e.g. student or traffic issues)	Leave Type <sup>1</sup> (e.g. sick or FACS <sup>2</sup> )	Hrs	Mins
Friday		AM							
		PM							
Monday		AM							
		PM							
Tuesday		AM							
		PM							
Wednesday		AM							
		PM							
Thursday		AM							
		PM							
Friday		AM							
		PM							
Monday		AM							
		PM							
Tuesday		AM							
		PM							
Wednesday		AM							
		PM							
Thursday		AM							
		PM							

<sup>1</sup> For all leave entitlements and overtime enquiries, please contact EDConnect by email at [EDConnect.Bathurst.forms@det.nsw.edu.au](mailto:EDConnect.Bathurst.forms@det.nsw.edu.au) or phone 1300 32 32 32 (select option 3)

<sup>2</sup> For all leave requests please include supporting documents

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Employee number: \_\_\_\_\_

Did you work on other runs during this pay period?  No  Yes ▶ Run number(s): \_\_\_\_\_ If Yes, please send all pay claims together for correct payment

**IMPORTANT**

- Any errors, omissions or corrections to your pay claim forms will result in your claim being returned and will delay payment
- Please send completed claims via email to [atso.astp@det.nsw.edu.au](mailto:atso.astp@det.nsw.edu.au) OR post to Assisted School Travel Program, Locked Bag 7009, Wollongong East, NSW 2520
- Please include the following in the subject line of your email: **ATSO PAY – Last name, First name – Employee ID – Fortnight date ending – Run number**

**I certify that:**<sup>3</sup>

1. All students assigned to this run travelled on each of the dates on this pay claim form unless his/her name is noted in the absent column; and
2. The ATSO worked each day as shown on this claim form.

ATSO signature: \_\_\_\_\_ Date: \_\_\_\_\_

**School 1 – Principal (verifier)**

School stamp:<sup>4</sup> \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**School 2 – Principal (verifier)**

School stamp:<sup>4</sup> \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Contractor or Delegate**

Business name/stamp:<sup>5</sup> \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

OFFICE USE ONLY		Location code 084
Date received:	QA by:	QA date:
Processed by:	Processed date:	Entered in eCPC: <input type="checkbox"/> Yes <input type="checkbox"/> No
Authorised by:	Authorised date:	<input type="checkbox"/> LTT <input type="checkbox"/> LTT – 15% <input type="checkbox"/> STT

<sup>3</sup> For all payment enquiries, please contact ASTP by email [atso.astp@det.nsw.edu.au](mailto:atso.astp@det.nsw.edu.au) or phone 1300 338 278

<sup>4</sup> Each school with students on this run please stamp, sign and date

<sup>5</sup> Requirement in accordance with the Eligible Service Provider List Contract for the Provision of Assisted School Travel Services to the Assisted School Travel Program Agreement clause 11.5