

**Payment Information**

PLEASE ENSURE THAT ALL SECTIONS ARE COMPLETED OR INDICATE IF NOT APPLICABLE

EMPLOYEE DETAILS

Employee Name:	Phone (wk):
Employee ID #:	Fax (wk):
Building & Room Number:	Mobile:

PROGRAM & COURSE DETAILS

Program Name: B Management (OBLS) Singapore, Part Time	Course:
Date of Visit:	Intake: Term:

TEACHING ARRANGEMENTS (PLEASE INDICATE FOR TEACHING ONLY)

ABOVE LOAD <input type="checkbox"/> (Total Payment: \$5,000)			WITHIN LOAD <input type="checkbox"/> (Total Payment: \$1,000)		
Continuing <input type="checkbox"/>	Contract <input type="checkbox"/>	Casual <input type="checkbox"/>	Continuing <input type="checkbox"/>	Contract <input type="checkbox"/>	
This payment is for all academic responsibilities covered within the Timeline and Payment Information document.					
NB: All Offshore Allowances will be paid at the conclusion of the visit & marking of exam papers					

ABOVE LOAD SPLIT TEACHING ONLY (PLEASE INDICATE THE DUTIES TO BE UNDERTAKEN BY THE SECOND LECTURER)

INDIVIDUAL COMPONENT	PLEASE TICK	PAYMENT (PLEASE SPECIFY)	NAME OF LECTURER	PLEASE TICK				
				ABOVE LOAD	WITHIN LOAD	CONTINUING	CONTRACT	CASUAL
Course Coordination (incl. preparation of materials):	<input type="checkbox"/>	\$						
Visit:	<input type="checkbox"/>	\$						
Marking:	<input type="checkbox"/>	Rate __						

MARKING ARRANGEMENTS (PLEASE INDICATE ONLY FOR ABOVE LOAD MARKING)

<input type="checkbox"/> Marking Rate 1 \$33.48 (simple assessment)			<input type="checkbox"/> Marking Rate 2 \$40.08 (standard assessment)			
ASSESSMENT	TIME ALLOWED FOR MARKING PER ASSESSMENT PIECE (PLEASE TICK ONE)					NUMBER OF PAPERS
Assignment 1	<input type="checkbox"/> 10 min	<input type="checkbox"/> 20 min	<input type="checkbox"/> 30 min	MAXIMUM TIME 30 mins		
Assignment 2	<input type="checkbox"/> 10 min	<input type="checkbox"/> 20 min	<input type="checkbox"/> 30 min	MAXIMUM TIME 30 mins		
Assignment 3 / Other	<input type="checkbox"/> 10 min	<input type="checkbox"/> 20 min	<input type="checkbox"/> 30 min	MAXIMUM TIME 30 mins		
Examination	<input type="checkbox"/> 10 min	<input type="checkbox"/> 20 min	<input type="checkbox"/> 30 min	MAXIMUM TIME 30 mins		
Total Time						Total Amount: \$

SALARY SACRIFICE (IF REQUIRED)

Amount in \$A:	Reason for Sacrifice:
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SIGNATURES

HOS Signature:	Lecturer's Signature:
Date:	Date:

OFFICE USE ONLY:

Date Received:	Date Processed:
Processed by:	Initials:

Please return the completed form to TSS, Level 1, 189 Hindley St, City West