



University of Fort Hare
Together in Excellence

CLAIM FORM TO PAY TEMPORARY
STAFF

HRPF 002

Employee Name:		Employee No:	
Cost Center/ Project Name:		Cost Center/ Project No:	

Date of employment	Rate of pay	No. of hours	Total Payment
TOTAL AMOUNT TO BE PAID			

APPROVED BY: HOD/PROJECT LEADER/DEAN		DATE:	
APPROVED BY: HUMAN RESOURCES		DATE:	
APPECTED BY: PAYROLL		DATE:	