**School Differential Claim Form**

Name of School: ……………………… Cost Centre: ………… Month of claim: ………………

Employee Number ………………… Name…………….……………..Job Title………………….

**PART 1**

This person has worked the following hours this month as an Unqualified Teacher. Please pay

the differential between their contractual pay and the:

**Unqualified Teacher rate of £………………….** **hourly rate £…………...**

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| **Date** | **Hours** | **Details of cover** |
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**Number of hours worked as Unqualified Teacher Total is …………….**

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**PART 2**

This person worked additional hours which should be paid at the**:**

**FULL Unqualified Teacher rate of £………………… hourly rate £ ……….**

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| **Date** | **Hours** | **Details of cover** |
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 **Number of hours worked as Unqualified Teacher – Total ………..**

Signed by member of staff as being correct …………………….. Date …………….

Authorised …………………………………………………………… Date ……………..