



CLAIM FOR KIT DAYS WORKED – COMPLETE USING BLOCK LETTERS

FOR MANAGEMENT USE ONLY

This form is to be used for Kit Days employees. It is NOT a Timesheet for recording all hours employees have worked.

For the Month ending

KIT DAYS

Group Service/School Team Location

(a) Employee Name	(b) Employee No.		KIT DAY			
			Date Worked	Number of Days	Number of Hours (If less than the employees full day)	Cost Code (if applies)

I certify that the above Kit day(s) has been properly authorised and is approved for payment.
Please ensure that an original, signed, form is forwarded to Payroll.

Authorising Officers Signature Print Name Date Contact Number