**To be completed by Department or Faculty only.**

**PRIOR to any commencement of work, please ensure this form is submitted to Human Resources -** **HRForms@lshtm.ac.uk****.**

**Please ensure the casual worker submits their Personal-Details-Form-Casual Worker directly to Human Resources in time for processing. If the casual worker is a Research Degrees Student at LSHTM, permission must be sought from the Research Degrees Supervisor first.**

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| --- |
| Type of Work |
| *Please tick to indicate the nature of the work being carried out* |
| **Admin** |[ ]  **Research Assistant** |[ ]
| **Alumni** |[ ]  **Research Fellow** |[ ]
| **Invigilation** |[ ]  **Seminar Leader** |[ ]
| **Lab Demonstration** |[ ]  **Teaching / Tutorial** |[ ]
| **Marking** |[ ]   |  |
| **Other (please specify)** |[ ]    |
|  |

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| Casual Worker’s Details*(to be completed if casual worker is already on HR database – please check with HR)* |
| *(must match passport)* | *Title* | *First Name* | *Middle Name* | *Surname* |
| Name |   |   |   |   |
| National Insurance Number |   | Date of birth | *Enter date* |
|  |

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| Confirmation of Worker’s Pay |
| **Grade:** |   | **Spine point:** |   | **Session rate:** |   | **Hourly rate:** |   |
| *Please state start and end of engagement:* |
| **Start date:** | *Enter date* | **End date:** | *Enter date* |
| *Please provide outline of duties and responsibilities.* |
|   |

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| Declaration from Department |
| ***I confirm that the casual worker will not commence any work before contacting Human Resources for a Right to Work verification in accordance with the requirements of the Immigration, Asylum and Nationality Act 2006.****I confirm that I have discussed the School’s Casual Worker Guidance with the casual worker and that they understand their responsibilities as set out in this document.**I can confirm that the casual worker will be physically based in the UK for the duration of the appointment Choose from list*.*If the casual worker wishes to be based overseas then this must be flagged with the Department Manager (DM) at the earliest opportunity. The administrator will need to seek advice from Payroll prior to the approval of the form on whether there are any Payroll-related costs associated with being based in that country. Any requests to work overseas for personal reasons which incur or will incur any cost to LSHTM will not be approved.* |
|  | *Signature* | *Name* | *Date* |

|  |  |  |  |
| --- | --- | --- | --- |
| **Manager/Administrator**  |  |   | Enter date |

|  |  |
| --- | --- |
| **Faculty** | *Choose from list* |
| **Department** | *Choose from list* |

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| Budget Holder Authorisation *(if different from line manager)* |

|  |  |  |  |
| --- | --- | --- | --- |
|  | *Signature* | *Name* | *Date* |

|  |  |  |  |
| --- | --- | --- | --- |
| Budget Holder Name |  |   | *Enter date* |

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| DM / Head of Service Authorisation |

|  |  |  |  |
| --- | --- | --- | --- |
|  | *Signature* | *Name* | *Date* |

|  |  |  |  |
| --- | --- | --- | --- |
| DM/Head of Service Name |  |   | *Enter date* |

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| --- |
| Verification Details *(for office use only)* |
|  | *Name* | ***Title*** | *Date* |
| *HR Input* |  |  | *Enter date* |
| *HR Checked* |   |  | ***Enter date*** |