

ATSO PAY CLAIM FORM STEP-BY-STEP GUIDE



Assisted Travel Support Officers (ATSOs) are required to follow the steps below to correctly complete the [pay claim form](#):

- 1 Enter your last and first name in CAPITAL LETTERS
- 2 Enter your employee number
- 3 Enter your run number
- 4 Enter the pay period end date
- 5 List the dates you worked on the run
- 6 Hours worked from the time you enter the driver's vehicle until the time you exit the vehicle
- 7 Name of students absent from the run
- 8 Any comments or issues you would like to inform us about on run you worked on
- 9 Please indicate when you are on leave (e.g. sick)
- 10 Hours you would normally work on this run if you were not on leave.

NSW Department of Education
Assisted School Travel Program



2021 Assisted Travel Support Officer – Pay Claim Form

Last name: **1** _____ First name: **1** _____ Employee number: **2** _____ Run number: **3** _____ Pay period end: **4** _____

If you have taken leave, please record the leave type, hours and minutes normally worked below

Day	Date	AM/PM	Hrs	Mins	Names of absent students	Comments (e.g. student or traffic issues)	Leave Type ¹ (e.g. sick or FACS ²)	Hrs	Mins
Friday		AM							
		PM							
Monday		AM							
		PM							
Tuesday		AM							
		PM							
Wednesday		AM							
		PM							
Thursday	5	AM	6		7				10
		PM							
Friday		AM							
		PM							
Monday		AM							
		PM							
Tuesday		AM							
		PM							
Wednesday		AM							
		PM							
Thursday		AM							
		PM							

¹ For all leave entitlements and overtime enquiries, please contact EDConnect by email at EDConnect.Bathurst.forms@det.nsw.edu.au or phone 1300 32 32 32 (select option 3)
² For all leave requests please include supporting documents



Any errors or missing information on your pay claim form will result in your claim being returned and will delay payment.

Visit our website for further information:

<https://education.nsw.gov.au/public-schools/astp/atsos/atso-payments>



- 11 Enter your last and first name in CAPITAL LETTERS
- 12 Enter your employee number
- 13 Sign and date the pay claim form
- 14 To be completed by the school
- 15 To be completed by the contractor
- 16 Email completed form to atso.astp@det.nsw.edu.au no later than midnight Friday, the next day after pay period ends
- 17 In the email subject line, include the following: **ATSO PAY – Last name, First name – Employee ID – Fortnight date ending – Run number**

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Last name: **11** _____ First name: **11** _____ Employee number: **12** _____

Did you work on other runs during this pay period? No Yes ▶ Run number(s): _____ If Yes, please send all pay claims together for correct payment

IMPORTANT

- Any errors, omissions or corrections to your pay claim forms will result in your claim being returned and will delay payment
- Please send completed claims via email to atso.astp@det.nsw.edu.au OR post to Assisted School Travel Program, Locked Bag 7009, Wollongong East, NSW 2520
- Please include the following in the subject line of your email: **ATSO PAY – Last name, First name – Employee ID – Fortnight date ending – Run number**

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I certify that:³

1. All students assigned to this run travelled on each of the dates on this pay claim form unless his/her name is noted in the absent column; and
2. The ATSO worked each day as shown on this claim form.

ATSO signature: **13** _____ Date: **13** _____

School 1 – Principal (verifier)

School stamp:⁴ _____
Signature: **14** _____
Name: _____
Date: _____

School 2 – Principal (verifier)

School stamp:⁴ _____
Signature: **14** _____
Name: _____
Date: _____

Contractor or Delegate

Business name/stamp:⁵ _____
Signature: **15** _____
Name: _____
Date: _____

OFFICE USE ONLY		Location code 084
Date received:	QA by:	QA date:
Processed by:	Processed date:	Entered in eCPC: <input type="checkbox"/> Yes <input type="checkbox"/> No
Authorised by:	Authorised date:	<input type="checkbox"/> LTT <input type="checkbox"/> LTT – 15% <input type="checkbox"/> STT

³ For all payment enquiries, please contact ASTP by email atso.astp@det.nsw.edu.au or phone 1300 338 278

⁴ Each school with students on this run please stamp, sign and date

⁵ Requirement in accordance with the Eligible Service Provider List Contract for the Provision of Assisted School Travel Services to the Assisted School Travel Program Agreement clause 11.5