**EXTERNAL EXAMINER   
Engagement Guidance**

This page contains important information regarding your engagement with the University of Portsmouth and is to be read in advance of your first visit. Please ensure you have read and understood all contents carefully before completing your claim.

You are required to complete all parts of section 1 of the claim and sign the declaration. Payment can only be made into a bank account. If bank details are not provided or incorrectly completed, your claim will be returned to you.

**STATUS**For the purposes of this engagement, you will be treated as a Worker and paid via the University’s payroll. This will include individuals that are providing their services via a personal service company (Limited Company).

**FEE & EMPLOYMENT STATUS (Undergraduate Taught / Masters degrees)**

Your fee will be classed as earned income and subject to the appropriate deductions of income tax and national insurance

contributions payable via the University’s Payroll. The University has assumed you have other taxable income and therefore will tax your fee at the basic rate of income tax. If this is your only employment, please contact the payroll office at [payroll.finance@port.ac.uk](mailto:payroll.finance@port.ac.uk) and ask for a new starter checklist form. This form will ensure the correct tax coding is used. Your earnings will be reported to HMRC and therefore you are not required to complete a self-assessment.

**FEE & EMPLOYMENT STATUS (PhD /Mhil research degrees)**

Your fee will be classed as self-employed income and will be paid gross exempt of income tax and national insurance contributions. You will be required to declare your fee to HM Revenue via submission of Self-Assessment.

**EXPENSES**

Receipts are to be attached to your claim to support all claimed expenses other than for mileage. Tax will be deducted from expenses which are not supported by receipts.

**PENSION ARRANGEMENTS**

Government legislation requires employers to enrol eligible workers into a workplace pension. Eligible staff are those who:

• earn over a minimum amount (currently £833.00 per month)

• are aged 22 or over and under State Pension age

As you are paid by claim, we will delay your automatic enrolment duties upon payment of your first claim for three months from the date of your appointment. If on that date you satisfy the above criteria, we will automatically enrol you into the Local Government Pension Scheme. You don’t have to do anything – it will happen automatically.If on that date you do not satisfy the above criteria, we will not automatically enrol you into the Local Government Pension Scheme but your monthly earnings will bemonitored and should you be paid over the minimum amount, you will be automatically enrolled.

You can still join the scheme, if you wish, and the University will also contribute to your pension. If you want to join the pension scheme: Please visit the Local Government Pension Scheme website – www.hants.gov.uk/pensions. The completed form should be returned to the HR Service Centre, University House.

**DURATION OF ENGAGEMENT**Upon completion of your engagement and receipt of final payment a P45 leaving document will be issued to you.

**SAL6 - External Examiner Engagement** 

Before completing this claim, please ensure you have first read the attached engagement guidance.

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| 1. Examiner & Engagement Information (Complete section 1) | PLEASE PRINT IN BLOCK CAPITALS |

Surname: Forename:

National Insurance Number: Date of Birth: / / Title:

Contact Details: Tele Email:

Home Address:

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| Bank name and Branch |  | | | | | | | | |
| Account Name(s) |  | | | | | | | | |
| Sort Code |  |  |  |  |  |  |  |  |
| Account Number |  |  |  |  |  |  |  |  |
| Roll Number *(if applicable)* |  | | | | | | | | |

Date of engagement: Faculty & Department:

Circle: Undergraduate Taught / Masters / PhD / MPhil / Other Please specify:

Name of Degree Course:

Name of academic contact:

Payment Details: Fee: £ Expenses: £ **Total Payment**: £

Provide breakdown of expenses and attach receipts.

Mileage: £………………………………. 1st 100 @ 45 pence, excess @ 25 pence. (Provide miles claimed………………………………)

Fares: £……………………………….

Meals: £……………………………….

Accommodation: £……………………………….

**TOTAL:** £……………………………….

I confirm that the fee, including any expenses being claimed, are a true and accurate account in relation to my work undertaken.

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| Examiner Signature: Date:  Print Name:  **Once completed, please ensure pages 1 and 2 to your faculty contact.**   |  |  | | --- | --- | | 2. Faculty & Payroll Office use only |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Nominal | | | | | Cost Centre | | | | | Amount £ | |  | New |  | **Payroll Use** | |  |  |  |  |  |  |  |  |  |  |  |  |  | Remp |  | BAL / CCI / HSS / SCI / TECH | |  |  |  |  |  |  |  |  |  |  |  |  |  | Add |  | Sign/Date: | |  |  |  |  |  |  |  |  |  |  |  |  |  | Pay No |  | | |  |  |  |  |  |  |  |  |  |  |  |  |  | Pos No |  | | |
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| |  |  | | --- | --- | | 3. Faculty Completion (Authorisers) |  |   **AUTHORISER**  \*I confirm that the fee including any incurred expenses, are to be paid for the engagement undertaken as shown on page 1.  \*As first line authoriser, I confirm that I am an authorised signatory for the purpose of authorising SAL6 payments.  Signature: Date:  Print Name:    **BUDGET HOLDER**  \*As second line authoriser I confirm that I am an authorised budget holder signatory for the purpose of authorising SAL6 payments.  \*I have provided the appropriate nominal and cost centre information under section 2.  Signature: Date:  Print Name:  **Send SAL6 (pages 1 & 2) documentation to:**  **Payroll Office Room 2.06, University of Portsmouth, University House, Winston Churchill Avenue, Portsmouth, PO1, 2UP.** |