

Pay for Work Guarantee Claim Form

Claim Detail	
Franchise territory	
Franchisee name	
Amount claimed	
Date of claim	
Claim week period	

Checklist		
No	Description	Please indicate Yes / No
1	FSE's maximum claim amount per week: (please insert)	
2	FSE has submitted all substantiating information	
3	FSE has made a claim only for allowable services and is still within the Free Service Maximum	
4	FSE is 100% compliant	
5	FSE has serviced at least 90% of client leads	
6	Claim made within 3 working days of the end of the claim week	
7	FSE was available to work full time at least six days during the claim week	
8	FSE meets the "no declined leads within four days" requirement	
9	Amount claimed does not bring the FSE's average income of the previous four weeks (including the Claim Week) to or above the Pay for Work Guarantee amount	
10	List of clients submitted and all of these clients have never been previously serviced by the FSE	

Please tick as applicable:

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✓ **I, hereby, authorise finance department to release Pay for Work Guarantee payment to the Franchisee whose detail is described above.**

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The claim above has been rejected (requires Jim Penman's approval).

Signoff			
Divisional Manager Signoff		Jim Penman Signoff (required only if the claim is rejected)	
Divisional Manager Name			
Reason for refusal (if applicable):			

Finance Department Only	
PfWG payment date	____ / ____ / 2019
Staff signoff	