

FORM FOR PAYMENT OF OVERTIME - GENERAL STAFF

The form can be completed on-line before printing. If you fill in the form by hand please print clearly in block letters.

PLEASE SUBMIT BY 11.00 AM ON THE MONDAY OF EACH PAY WEEK.

Staff Number	Job Number
Name	Organisational Unit
Cost Collector	HEW Level

Date	Start Overtime <i>eg 5:00pm</i>	Finish Overtime <i>eg 9:00pm</i>	Deduct Break <i>eg 1:00</i>	Meal Allowance <i>eg Lunch</i>	Total Hours <i>eg 3:30</i>

STAFF MEMBER - I certify that the hours shown have been worked.

Name: Signature: Date:/...../.....

HEAD OF ORGANISATIONAL UNIT - I certify that the details provided are correct.

Name: Signature: Date:/...../.....

© Copyright

Last Updated: Friday, February 29, 2008