

## OVERTIME CLAIM FORM

For Clerical, Technical (Grades A-E) and Security Staff

NAME:..... DEPARTMENT:..... PAYROLL REF:.....  
 (BLOCK CAPITALS)

JOB TITLE:..... GRADE:..... MONTH:.....

DAY	DATE	OVERTIME WORKED		FINANCE ACCOUNT CODE	NO. OF OVERTIME HRS WORKED	FOR PAYROLL USE TO BE PAID	
		TIME STARTED	TIME FINISHED			HOURS	FEE
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
SUNDAY							
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
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MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
SUNDAY							

<b>Signature</b>	<b>Authorised By</b>

**Notes:**

1. This form should be authorised by the Executive Dean/Head of Department and forwarded to the Payroll Section, Human Resources to arrive **no later than the tenth day of the month** following the month in which the overtime is worked.
2. Overtime payments are made on pay day the month following the month in which the overtime is worked. If the form is submitted late, the payment may be delayed by a further month.