



FORM FOR PAYMENT OF OVERTIME - GENERAL STAFF

This 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 1:00hr</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:/...../.....