

OVERTIME AND ADDITIONAL HOURS CLAIM FORM

PLEASE COMPLETE AND FORWARD TO: Human Resources Branch, Division of Services and Resources

This form is to be used by professional staff to claim payment for overtime or additional hours.

STAFF MEMBER DETAILS (PLEASE USE BLOCK CAPITALS)												
Staff ID:		School/Branc	rh·							Work phone: .		
		ramily name:					•	•				
☐ Full-time	Part-tir	me (if part-time state	work pattern)	☐ Please t	ick if you ha	ave received a Highe	er Duties Allowa	nce durin	g the period of	f overtime/additional	hours.	
		WEEK ONE		1	Total Hours			WEEK TWO (F			Total Hours	
Hrs	Mon	Tues	Wed	Thur	Fri		Mon	Tue	Wed	d Thur	Fri	_
Mins		+										-
										'		
DETAILS OF H					OFFICE USE ONLY							
Week Day	Date	Starting Tim	ne Meal Bre	ak Finishin	g Time	Time Worked	Ordinary	X1 ½	. X2	2 X2 ½	Meal A	Allowance
		+										
				Total F	loure:							
	AN INDIVIDUA	L CLAIM FORM	IS REQUIRED F									
AUTHORISA	TION (ALL SIG	SNATURES REC	QUIRED)									
Staff Member Supervisor									Head of School/Branch Manager			
overtime				confirmation of hours worked.				Name (please print):				
•				Name (please print):					Signature:			
Date:					Signature:							
				Date:								
Remuneration and E Authorised by	Overtime and Addition	onal Hours Claim Forn	1					Effective Date: Review Date:	8 February 2023 7 February 2024	Version 1.1 Page 1 of 1		
Warning Warning				. The current version	e current version of this document is available on the HR Website.							