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| **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.

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| **STAFF MEMBER DETAILS (PLEASE USE BLOCK CAPITALS)** | | | | | | | | | | | | |
| Staff ID: \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ School/Branch: Work phone:  Title: Family name: Given names (in full):  Full-time  Part-time *(if part-time state work pattern)*  Please tick if you have received a Higher Duties Allowance during the period of overtime/additional hours. | | | | | | | | | | | | |
|  | **WEEK ONE** | | | | | **Total Hours** | **WEEK TWO (PAY WEEK)** | | | | | **Total Hours** |
| **Mon** | **Tues** | **Wed** | **Thur** | **Fri** |  | **Mon** | **Tue** | **Wed** | **Thur** | **Fri** |  |
| Hrs |  |  |  |  |  |  |  |  |  |  |
| Mins |  |  |  |  |  |  |  |  |  |  |

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| **DETAILS OF HOURS WORKED** | | | | | |  | **OFFICE USE ONLY** | | | | |
| Week Day | Date | Starting Time | Meal Break | Finishing Time | Time Worked |  | Ordinary | X1 ½ | X2 | X2 ½ | Meal Allowance |
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|  |  |  |  | Total Hours: |  |  |  |  |  |  |  |
| **AN INDIVIDUAL CLAIM FORM IS REQUIRED FOR EACH PAY PERIOD** | | | | | |

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| **AUTHORISATION (ALL SIGNATURES REQUIRED)** | | |
| **Staff Member**  overtime was approved in advance.  Signature:  Date: | **Supervisor**  confirmation of hours worked.  Name (please print):  Signature:  Date: | **Head of School/Branch Manager**  Name (please print):  Signature:  Date: |