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/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												

DETAILS OF HOURS WORKED

Week Day	Date	Starting Time	Meal Break	Finishing Time	Time Worked
				Total Hours:	

AN INDIVIDUAL CLAIM FORM IS REQUIRED FOR EACH PAY PERIOD

OFFICE USE ONLY

Ordinary	X1 ½	X2	X2 ½	Meal Allowance

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:.....