

Overtime Payments Form for Grades 1-5

This form should only be completed when a member of staff works any extra hours in their substantive role.

<u>Personal Details</u>	
Full name: _____	Staff number: _____
Department: _____	Position title: _____
Normal hours: _____	

Week Commencing: _____			
	Normal hours worked	Overtime hours worked	Rate of pay for Overtime worked
Monday:			
Tuesday:			
Wednesday:			
Thursday:			
Friday:			
Saturday:			
Sunday:			
Totals:			
Have you considered giving Time Off In Lieu before agreeing to overtime payment?			Y/N
Has the rate of pay been confirmed with the staff member?			Y/N

Please ensure a valid cost code, account number and project code are supplied.

Cost Code		Account Number				Project Code			

Checked in department by:

Print name here: _____ Signature: _____

Date: _____

Authorised signatory:

Print name here: _____ Signature: _____

Date: _____