

**OVERTIME FORM – NON ACADEMIC**

# EMPLOYEE DETAILS

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee Number:

Faculty/ Section: Vote Code: B5501 – PT0 – – 001

*(Please attach copy of approval to do overtime each time you submit an overtime claim)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Time From** | **Time To** | **Total Hours** | **Approved Tasks Performed** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total Hours Worked** | | |  |  |

I hereby confirm that I have worked the hours claimed above.

Claimant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I hereby certify that the staff member has worked the days and hours stated above.*

Recommended:

Date:

Recommended: Date:

(Supervisor) (Head of Section)

Endorsed:

(Manager Finance & Corporate Services)

Approved:

**(Director, Pacific TAFE)**

Date: Date:

# FOR OFFICIAL USE

Date Received: Certified Payment:

Certified by: Date Paid:

Converted Time-off Hours *(if applicable):*