OVERTIME CLAIM FORM

(HR/OVC)

1. This form is to be used by eligible professional staff at HEO7 or below to claim payment for overtime.
2. Overtime is normally payable where a staff member is **directed** to work outside the nominated span of hours (6 am to 6 pm) or on weekends and public holidays. Full details of the Overtime policy are available at: http://www.flinders.edu.au/ppmanual/staff/hours/overtime-gen-staff.cfm .
3. Please complete a separate form for any overtime paid from a different funding source.
4. The completed form should be authorised as appropriate and forwarded to Payroll Services, Human Resources Division.

SECTION 1 - PERSONAL DETAILS

Family Name: _____ Given Name(s): _____ Classification: _____ Payroll No: _____

Faculty/Portfolio: _____ Division/Section/School: _____ Ext: _____

SECTION 2 – DETAILS OF OVERTIME WORKED

DAY	DATE	REASON FOR OVERTIME (For overtime resulting from 'call-out' please complete Section 3 below)	START TIME	FINISH TIME	MEAL BREAK (unpaid)* Start	MEAL BREAK (unpaid)* Finish	OVERTIME CLAIMED (hh:mm)	MEAL ALLOWANCE Yes/No #	*PAYROLL SERVICES USE ONLY* CODE/ RATE	MEAL ALLOW ($)	DATE ENTERED	INITIALS
							0:00	Yes/No				
							0:00	Yes/No				
							0:00	Yes/No				
							0:00	Yes/No				
							0:00	Yes/No				

**No more than 5 hours may be worked without a meal break* *#A meal allowance is payable where staff members (other than shift workers) are required to continue working for 2 or more hours beyond 6 pm*

I certify that I performed duties as required for the period(s) stated above and request appropriate payment.

_____ _____

Signature of Staff Member *Date*

SECTION 3 – ON-CALL STAFF ONLY

Time call received	
Time arrived on campus	
Time left campus	
Time arrived home	
Job #	

SECTION 4 - AUTHORISATION

I confirm that the staff member was required to perform overtime for the period(s) stated above and approve appropriate payment (including meal allowance if applicable).

_____ _____ _____

Signature of Supervisor *Print Name* *Date*

_____ _____ _____

Signature of other Manager (if appropriate) *Print Name* *Date*