

# 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 worked. It is to be completed by the staff member claiming the overtime or additional hours. It is to be completed by the staff member claiming the overtime or additional hours. It is to be completed by the staff member claiming the overtime or additional hours.

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		