

OVERTIME AND UNSOCIAL HOURS CLAIM FORM

Overtime/Unsocial Hours Claim for the Month of/Heures anormales mois de:					
Name:			Department of Finance Use		
Department:			Date Received:		
Payroll No:			Date Paid:		
Rate 1 – Unsocial Hours x 0.25 (b):			Checked By	Approved By	
Rate 2 – Overtime hours x 1.25 (d):					
<p>(In hours and part hours to the nearest quarter of an hour) Part hours are expressed in decimals eg. $h \frac{1}{4} = 0.25$ $2h \frac{1}{2} = 2.50$ and $2h \frac{3}{4} = 2.75$</p> <p>NOTE: - Unsocial hours (Column (b)) means: 1800 hrs to 06.00 hrs Monday to Friday and any hours worked on Saturday, Sunday and Public Holidays.</p>					
Date	Day of Week	Start and Finish Time	Hours Worked		
			(a) In Normal Hours	(b) In Unsocial Hours	(c) Total hours Worked (a) +(b)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total Hours Worked in Month			(a)	(b)	(c)

NOTE

Staff who are employed on regular alternating or regular rotating night shifts and are in receipt of a Shiftwork Allowance are not entitled to unsocial hours payments for any **standard** hours worked i.e. within the first 7 ¼ hours each day of the shift.

If employed on a regular rotating or regular rotating night shift, please specify the start and finish times of the shift/s worked this month and the applicable dates:			
Start:	Finish:	Dates: From:	To:
Start:	Finish:	Dates: From:	To:
Start:	Finish:	Dates: From:	To:

CALCULATION OF OVERTIME HOURS DUE TO BE PAID

Total Hours Worked (c)

Less Standard Hours for month (no of working days x 7 ¼)

Overtime Hours Due (d)

SIGNATURES	NAME
STAFF MEMBER:	NAME:
DATE:	
SUPERVISOR:	NAME:
DATE:	
MANAGER:	NAME:
DATE:	
DIRECTOR:	NAME:
DATE:	