

OVERTIME CLAIM FORM

INSTRUCTIONS

- Where possible, please fill in the form on a computer using Adobe Acrobat reader and sign digitally into the signature fields. Once the form is signed by the claimant digitally, it will not be possible to edit/override claims.
- For more information on Overtime policy and procedures, refer to [PPL 5.55 Hours of Work and Flexible Work Arrangements](#)

EMPLOYEE NO:	GIVEN NAME(S):	FAMILY NAME:	EMPLOYMENT TYPE: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
SECTION/SCHOOL:	NATURE OF WORK:	COMMENT TO PAYROLL:	

DATE	TIME		HOURS	MEAL MONEY	COSTING GL CHART STRING— Enter if this is <u>NOT</u> the usual salary account for claimant				PAYROLL USE ONLY				
	FROM	TO			OP UNIT AND SITE	FUND & FUNCTION	PROJECT (optional)	FREE FORMAT TAG (optional)	OVERTIME HOURS				MEAL
DD/MM/YY			HH:MM	Y/N					1.0	1.5	2.0	SPEC	
TOTAL													

CLAIMANT'S SIGNATURE		SUPERVISOR'S SIGNATURE	PAYROLL USE ONLY	
FULL NAME		FULL NAME	PREPARED BY	CHECKED BY
SIGNATURE		SIGNATURE		
DATE		DATE		

IMPORTANT NOTE - Please note that the completed forms must be emailed to payroll@uq.edu.au by your Supervisor **ONLY**.