



**Staff Overtime Form  
(For Administration and Facilities Staff)**

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

Department: \_\_\_\_\_

Dates overtime will be required:

from: \_\_\_\_\_ to \_\_\_\_\_

or list days: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason overtime is required (must include details)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Regular Overtime Hours worked(before 40 hours)	Regular OT Hours to be banked	Regular OT Hours to be paid

*Overtime Hours worked at 1.5 times (after 40 hours)	*Overtime Hours (1.5 times) to be banked	*Overtime Hours (1.5 times) to be paid

**\*Include the actual number of hours worked only-Do not calculate the hours at 1.5 times**

Approval by Director / Department Head \_\_\_\_\_

\_\_\_\_\_ Date

Bursar Approval \_\_\_\_\_

\_\_\_\_\_ Date