

INSTRUCTIONS

- **There must be an approved timesheet for the period of the overtime claim before any overtime claim will be processed. Overtime claims without a completed and approved timesheet will not be processed and payment may be delayed**
- 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 procedures, refer to [Attendance, Hours of Work and Overtime \(Professional Employee\) Procedure](#)

EMPLOYEE NO:	GIVEN NAME(S):	FAMILY NAME:	EMPLOYMENT TYPE: ☐ FULL TIME ☐ PART TIME
SECTION/SCHOOL:	NATURE OF WORK:	COMMENT TO PAYROLL:	

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

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

In signing and submitting this form I declare that, I have completed an appropriate timesheet for the overtime hours set out in this form; these hours are a true and accurate record of actual overtime hours worked; and the hours claimed on this form have not and will not be claimed as Time Off in Lieu (TOIL)

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