This form for use by non T&A:
- Overtime for full-time General Staff
- Part-time General Staff extra hours

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**EXTRA HOURS CLAIM**

**SAL120**

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**EMPLOYEE ID** [ ] [ ] [ ] [ ] [ ] [ ] [ ]

**EMPL RCD#** [ ] [ ] [ ] [ ] [ ] [ ] [ ]

**FAMILY NAME** [ ] [ ] [ ] [ ] [ ] [ ]

**GIVEN NAMES** [ ] [ ] [ ] [ ] [ ] [ ]

**JOB TITLE:**

**LEVEL:**

**FAC/SCH/DEP:**

Please tick if you are:
- FULL-TIME [ ]
- PART-TIME [ ]

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**DAY**

(eg Mon)

**DATE**

day month year

**24 hr clock from time** + **24 hr clock to time**

**FIRST SPAN**

**NEST SPAN**

**CLAIMED**

**Override Account Code**

(override only when different from standard)

**PROJECT**

**ACCT**

**FUND**

**DEPT**

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**NOTE:** If more than 2 spans in same day, continue on next line. If the starting or finishing time in one span carries over to the next day, DO NOT start a new day on the form.

**TOTAL HOURS CLAIMED:**

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I certify that I have worked the hours shown and that all the details are correct:

**Hrs**

**Mins**

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**Claimant's Signature:**

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**Date:** / /

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Notes on Signatures:
- A supervisor having an appropriate financial delegation, can
  - certify as to the accuracy of the claim; and
  - authorise the payment by signing in both appropriate places on the form.
- Where a supervisor does not have appropriate financial delegation, they must:
  - certify as to the accuracy of the claim in the appropriate box on the form;
  - provide the form to an appropriate officer with the appropriate financial delegation to authorise the claim and certify that funds are available in the appropriate account code.

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I certify that the above claimed units have been worked and the totals are valid claims against the EMPL RCD# stated.

**Supervisor**

**Print Name & Initials**

**Email** Ext Date

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I authorise this claim. Funds are available to meet this claim for the nominated account code.

**Head of School or Delegated Officer**

**Print Name & Initials**

**Email** Ext Date