

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
SECTION/SCHOOL:	NATURE OF WORK:	COMMENT TO PAYROLL:		
		<input type="checkbox"/> PART TIME		

DATE	TIME		HOURS	MEAL MONEY	COSTING GL CHART STRING— Enter if this is NOT 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	PREPARED BY	
SIGNATURE		SIGNATURE	CHECKED BY	
DATE		DATE		

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