|  |  |
| --- | --- |
| **Name** |  |
| **Role** |  |
| **Hourly Rate** |  |
| **Date**  |  |

**Overtime Claim Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date**  | **Details of Work performed** | **Start Time** | **Finish Time** | **Total Hours Worked**  |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  | **SUM** |  |
|  |  | **Total hours at standard Time** |  |
|  |  | **Total hours at Time & half** |  |
|  |  | **Total hours at Time & 60%(Sundays)** |  |

**Declaration by Claimant**

**I declare that:**

**The expenses shown have been actually and necessarily incurred by me on Public Service;**

**The allowances claimed by me are in strict accordance with the regulations;**

**I have not claimed or been paid for these expenses from any other sources;**

**Claimant Signature:**

**Name (Capitals): Date:**

**Warning – The submission of a false or incorrect claim may give rise to disciplinary action and / or prosecution. It is the claimant’s responsibility to be conversant with the regulations and therefore a lack of knowledge or awareness in these matters cannot be considered to be a reasonable position.**

**Authorised by:**

**Role:**

**Signature: Date:**