**UNIVERSITY OF GUYANA**

**REQUEST/CLAIM FOR OVERTIME & RELATED ALLOWANCES**

**SECTION A:** **REQUEST FOR APPROVAL TO WORK OVERTIME**

Name of Faculty/Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Period of Overtime: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

**Supervisor Head of Dept.**

**SECTION B: CLAIM FOR OVERTIME & RELATED ALLOWANCES**

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| --- | --- | --- | --- | --- | --- | --- |
| **DATE OVERTIME WORKED** | **TIME OF ARRIVAL IN OFFICE (AM)** | **TIME OF DEPARTURE FROM OFFICE (PM)** | **ACTUAL HOURS WORKED** | **NATURE OF DUTY** | **TRAVELLING**  **$** | **SNACK/MEAL ALLOWANCE**  **$** |
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**Signature of Claimant Date Approved by Date**