

Time in Lieu of Overtime Form



Health

Name:

Date:

Employee Number:

Department & Cost Centre:

Reason for Overtime:

Date of Overtime worked:

Start time:

Day of Overtime worked:

Finish time:

Public Holiday YES NO (please circle)

Employee Signature:

Date:

Overtime pre-approved: YES NO (please circle)

Approved by:
(Name and position)

Reason for non-approval:

Approver Signature:

Date:

Time taken

Date of Time in Lieu taken:

Hours:

Day of Time in Lieu taken: