DROYLSDEN
Academy

CLAIM FOR OVERTIME/STANDBY DUTY/ADITIONAL HOURS

Name: …… Role: ……

Spinal Point: …… Employee Number (PRN): ……

Location	Duties Carried Out/ Nature of Standby duty	Date	Hours Worked From	To	Mon to Sat Hour	Sat Enhanced Hours 1/2 T	Sundays	Statutory Holidays

Claimant's Signature: …… Certified by: …… Date: ……

FOR OFFICE USE ONLY

Summary

Standby: …….. Sessions: @ …… **Overtime:** ……Hrs@ ½ T ……Hrs @ 1 ½ T

Sleepins: …….. Sessions: @ ……. ……..Hrs @ 1 T ……Hrs @ 2 T

RT 1	PAY CODE 2				UNITS/HOURS 6						RATE CODE 12 Table				Pt	PAY PERIOD 17				ACCOUNT					COST CENTRE							
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