Overtime Form

 **Report for Month/Year of**

Overtime form must be signed by employee and supervisor and all information must be complete before processing. Supervisors must submit Overtime Form to the Payroll office. See reverse for details. Please print legibly.

**Last Name First Name s#**

**OT Types:** T – Travel Time **Pay Options:** B - Banked

 R – Regular Overtime P - Paid

 C – Call-Back

**Position ID Supervisor**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | OT Hours Worked | OT Type | Pay Option | Reason | Date | OT Hours Worked | OT Type | Pay Option | Reason |
| 1 |  |  |  |  | **17** |  |  |  |  |
| 2 |  |  |  |  | **18** |  |  |  |  |
| 3 |  |  |  |  | **19** |  |  |  |  |
| 4 |  |  |  |  | **20** |  |  |  |  |
| 5 |  |  |  |  | **21** |  |  |  |  |
| 6 |  |  |  |  | **22** |  |  |  |  |
| 7 |  |  |  |  | **23** |  |  |  |  |
| 8 |  |  |  |  | **24** |  |  |  |  |
| 9 |  |  |  |  | **25** |  |  |  |  |
| 10 |  |  |  |  | **26** |  |  |  |  |
| 11 |  |  |  |  | **27** |  |  |  |  |
| 12 |  |  |  |  | **28** |  |  |  |  |
| 13 |  |  |  |  | **29** |  |  |  |  |
| 14 |  |  |  |  | **30** |  |  |  |  |
| 15 |  |  |  |  | **31** |  |  |  |  |
| 16 |  |  |  |  |  |  |  |  |  |

**Total OT Hours**

**Employee Signature Date Supervisor Signature Print Name Date**

**Completion Instructions**

1. Enter the month and year that you worked the overtime.
2. Enter your name, s#, department and supervisor.
3. In the OT Hours Worked column, enter the actual hours of overtime worked.
4. In the OT Type column, enter one of the following overtime types:
	1. **T** **– Travel/Lunch**

(Articles 17.04 and 16.04 of the AUPE Collective Agreement)

* 1. **R –** **Regular Overtime**

(Article 17 of the AUPE Collective Agreement)

* 1. **C – Callback**

(Article 19.01 of the AUPE Collective Agreement)

1. In the Pay Option column, enter one of the following pay options:
	1. **B –** **Banked**

(to use banked hours, enter a Leave Request Online)

* 1. **P – Paid**

(will be paid on the following pay day)

Please contact Payroll at payroll@lethbridgecollege.ca if you have any questions or concerns.