UNIVERSITY OF EDUCATION, WINNEBA

M08 - CLAIM FORM FOR OVERTIME YEAR: Part A - Details of Claimant Name: Staff Number: Designation: Part B - Details of Claim Overtime Month (Please tick): [] Jan [] Feb [] Mar [] Apr [] May [] Jun [] Jul [] Aug [] Sep [] Oct [] Nov [] Dec Please state below relevant details of the overtime claim Time Reported Time Closed Normal Time Reported Time Closed for Approved for Normal for Normal Number of Working Hours Duty Duty for Overtime Overtime **Overtime Hours** Nature of Work Done Date Signature of Claimant Date(DD/MM/YYYY) **Registrar's Approval**

Signature of Head of Dept./Unit

Date(DD/MM/YYYY)

Signature

Date(DD/MM/YYYY)

This Form has been designed in accordance with Section 15.2.1 of the University's Financial and Stores Regulations. It is to be used only for the claim for which it is meant.