

# UNIVERSITY OF EDUCATION, WINNEBA

## M07 - OVERTIME REQUEST FORM

*For use only by Heads of Department/Section/Unit in applying for approval for relevant staff to work overtime. No claim for overtime shall be deemed valid without approval obtained from the Registrar before the date of overtime.*

### Part A - Details of Applicant

Name of Applicant: \_\_\_\_\_ Dept./Section/Unit: \_\_\_\_\_

### Part B - Details of Proposed Overtime

**Proposed Overtime Schedule:** Date: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Time: \_\_\_\_\_ Duration for Each Day: \_\_\_\_\_

<b>Nature of Work</b> (Please describe the nature of work to be done during the proposed overtime period.)

<b>Justification for Overtime</b> (Please state the reason(s) why the work described above cannot be done during normal working hours.)

### Proposed Staff (Please list below details of the staff proposed to do the overtime.)

SN	Name	Designation

**Applicant's Declaration:**  
*I understand that if overtime is done before the Registrar's approval, it shall be deemed invalid.*

\_\_\_\_\_  
**Signature of Applicant** \_\_\_\_\_  
**Date(DD/MM/YYYY)**

**Part C - Registrar's Approval** (Please tick): [  ] Approved [  ] Not Approved

\_\_\_\_\_  
**Signature** \_\_\_\_\_  
**Date(DD/MM/YYYY)**