OM309A

Lothian

Salary Overtime Claim Form - *Weekday*

Department _____ Employee Name _____

Payroll Number _____ Month _____

Date	Garage	Details of overtime duties worked	Start and finish time	Total hours being claimed	No. of hours worked on public holiday
Overall total of hours being claimed					
Claimant signature			Manager approval		
Comments					

****Please note****

Only one weekday form is to be completed and submitted for the month to payroll. Completed sheet should be returned to line manager by no later than the 5th working day of the following month.