OM309B

Lothian

Salary Overtime Claim Form - *Weekend*

Department _____ Employee Name _____

Payroll Number _____ Employee Number _____ Month _____

Date	Duty Number	Garage	Start and finish time	Total hours being claimed	No. of hours worked on public holiday
Claimant signature				Manager approval	
Comments					

Please note

Only one weekend 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.