This form is to be used by professional employees to claim payment for overtime or for additional hours worked that is authorised by the University over a period less than 3 months. All sections must be completed. Incomplete forms will be returned and may result in delayed payment. For security purposes please inform Campus Support in advance of any hours to be worked outside of the span of hours.

## Overtime and Additional Hours Guidelines:

* Application and calculation of additional hours and overtime worked that is authorised by the University is prescribed by the Edith Cowan University Enterprise Agreement 2017.
* All overtime or additional hours of work must be authorised by the University prior to the work being performed.
* When authorised overtime is worked, the overtime will be arranged to enable a break of at least 10 hours off duty between the end of one period of duty and the beginning of the next.
* An employee will not be required to work more than 5 consecutive hours without an unpaid meal break of at least 30 minutes.
* Payment of overtime or time off in lieu will not be approved if the employee’s classification level is higher than HEW level 7, unless otherwise determined by the University (Relevant Line Executive). (In accordance with the [HR Delegations)](https://edithcowanuni.sharepoint.com/:b:/r/sites/SGSC-UG/Delegations%20and%20Authorities/HR_delegations.pdf?csf=1&web=1&e=GNoArK)
* Further details can be obtained from your [People and Culture Business Partner](https://intranet.ecu.edu.au/staff/centres/human-resources-service/contact).

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| Section A: Professional Employee to complete | | | | | |
| If part time, please complete your normal rostered hours worked each day:   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Sat** | **Sun** | | **Non – pay week** |  |  |  |  |  |  |  | | **Pay Week** |  |  |  |  |  |  |  | | | | | | |
| **Name:** | | **Staff Number:** | | **School/Centre**: | |
| Authorised Overtime/Additional Hours Worked: start and finish time to reflect the approved overtime/additional hours worked | | | | | |
| **Date** | **Day** | **Start Time** | **Finish Time** | **Break Taken** | **Total Hours (less time taken for break)** |
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| **I request payment\*  I request time in lieu\*  \*If unticked payment will be processed** | | | | | |

**Signed (Employee)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| Section B: Manager to complete | | | | | | | | | | | | | | | | | | | | | | | |
| ***Note – The Reason for Authorising Overtime or Additional Hours Worked MUST be completed for payment to be processed*** | | | | | | | | | | | | | | | | | | | | | | | |
| **Reason for Authorising Overtime or Additional Hours Worked:** | | | | | | | | | | | | | | | | | | | | | | | |
| **Cost Centre:** *(to be completed if cost centre is different to employees current costing)* | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  | **-** |  |  |  |  | **-** |  |  |  |  | **-** |  |  | **-** |  |  | **-** |  |  |
| **I confirm that the authorised overtime or additional hours shown have been worked, and I have checked the calculations of those authorised hours as per Section A in approving the payment.** | | | | | | | | | | | | | | | | | | | | | | | |
| **Line Manager Name:** | | | | | | | | | | | | **Business Title:** | | | | | | | | | | | |
| ***(please tick if applicable) I confirm delegated authority as per*** [***HR Delegations***](https://edithcowanuni.sharepoint.com/:b:/r/sites/SGSC-UG/Delegations%20and%20Authorities/HR_delegations.pdf?csf=1&web=1&e=GNoArK) ***has been transferred to me to authorise and approve Overtime.*** | | | | | | | | | | | | | | | | | | | | | | | |
| **Signed:** | | | | | | | | | | | | **Date:** | | | | | | | | | | | |
| **Relevant Line Executive (Approval) or delegated authority** **as per** [**HR Delegations**](https://edithcowanuni.sharepoint.com/:b:/r/sites/SGSC-UG/Delegations%20and%20Authorities/HR_delegations.pdf?csf=1&web=1&e=GNoArK)**.**  **name:** | | | | | | | | | | | | **Business Title:** | | | | | | | | | | | |
| **Signed:** | | | | | | | | | | | | **Date:** | | | | | | | | | | | |

***Please submit to Payroll Services:*** [***payroll@ecu.edu.au***](mailto:payroll@ecu.edu.au)

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| Payroll Use Only: |  |

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| --- | --- | --- | --- | --- | --- |
| **PAID** | **Total Hours Paid** | **TOIL** | **Total Hours** |  | **Extended Hours** |
| 003 |  | 003 |  | 1.077 |  |
| 004 |  | 004 |  | 1.5 |  |
| 005 |  | 005 |  | 2 |  |
| 009W |  | 009W |  | .5 |  |
| 006 |  | 006 |  | 2.5 |  |
| **TOTAL** |  |  |  | **TOTAL (enter into FL604)** |  |