



ADDITIONAL HOURS / OVERTIME / STAT HOLIDAY FORM

This form applies to SALARY employees and is subject to applicable Collective Agreements, the Employment Standards Act and University Policy

Employee Name: _____ Employee ID#: _____

Employee Email address: _____ Employee Ext #: _____

Full Time

Part Time Please provide P/T schedule hours per day:

Mon

Tue

Wed

Thu

Fri

Sat

Sun

Please check **ONE** of the options below: (applies only to the hours shown on this form)

1) Bank hours earned: _____ 2) Pay out hours earned: _____ 3) Other: _____

Note: Please report hours on this form in periods of two consecutive weeks Monday to Sunday

Date MM/DD/YY	Day DDD	Add'l Hrs Worked	PAYROLL USE ONLY			Reason (if necessary for clarification) (ie Call-In, Trouble Call, Travel, Start/End times)
			1.0 TIMES	1.5 TIMES	2.0 TIMES	
	MON					
	TUE					
	WED					
	THU					
	FRI					
	SAT					
	SUN					
	MON					
	TUE					
	WED					
	THU					
	FRI					
	SAT					
	SUN					
TOTAL						

Employee Signature

Date

Supervisor Signature

Supervisor Name (please print)

Date

If payment for these hours is to be charged to a source DIFFERENT from your regular pay, the following information and signature is required in addition to your supervisor's signature:

Fund: _____ Org: _____ Acct: _____ Prog: _____ Actv: _____

Budget Holder Signature

Budget Holder Name (please print)

Date

Please return the WHITE copy only of this form to PAYROLL - FINANCE DEPARTMENT

Distribution:

White - Payroll

Yellow: Employee

Pink: Supervisor