



**FORM FOR PAYMENT OF OVERTIME - PROFESSIONAL STAFF**

This form can be completed on-line before printing. If you fill in the form by hand please print clearly in block letters. **PLEASE SUBMIT BY 11.00 AM ON THE MONDAY OF EACH PAY WEEK.**

<b>Staff Number</b>	<b>Job Number</b>
<b>Name</b>	
<b>Organisational Unit</b>	
<b>Cost Collector</b>	<b>HEW Level</b>

<b>Date</b>	<b>Start Overtime</b> <i>eg 5:00pm</i>	<b>Finish Overtime</b> <i>eg 9:00pm</i>	<b>Deduct Break</b> <i>eg 1:00hr</i>	<b>Meal Allowance</b> <i>eg Lunch</i>	<b>Total Hours</b> <i>eg 3:30</i>

**STAFF MEMBER** - I certify that the hours shown have been worked.

Name: .....

Signature: ..... Date: ...../...../.....

**HEAD OF ORGANISATIONAL UNIT** - I certify that the details provided are correct.

Name: .....

Signature: ..... Date: ...../...../.....

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