

## **OVERTIME CLAIMS FORM**

**This form must be completed and returned to Ron/Lesley by the 7<sup>th</sup> of each month.**

(Forms not received on time will regrettably mean overtime can not be claimed until the following month.)

**Name:-.....**

<b><u>Date Overtime Worked</u></b>	<b><u>Number of Hours Worked</u></b>	<b><u>Reason for Overtime</u></b>

**Signed:-.....**