AKEN I EN APPIAH-MENKA UNIVERSITY OF SKILLS TRAINING & ENTREPRENEURIAL DEVELOPMENT

M07 - OVERTIME REQUEST FORM

For use only by Heads of Department/Section/Unit in applying for approval for relevant staff to work overtime. No claim for overtime shall be deemed valid without approval obtained from the Registrar before the date of overtime.

Part A - Details of Applicant			
Name of Applicant:		Dept./Section/Unit:	
Part B - D	Details of Proposed Overtime		
Proposed	d Overtime Schedule: Date: From: _	To:	
	Time:	Duration for Each Day:	
Nature of Work (Please describe the nature of work to be done during the proposed overtime period.)			
Justification for Overtime (Please state the reason(s) why the work described above cannot be done during normal working hours.)			
Proposed Staff (Please list below details of the staff proposed to do the overtime.)			
SN	Name	Designation	
	t's Declaration: and that if overtime is done before the	Registrar's approval, it shall be deemed invalid.	
Signature of Applicant Date(DD/MM/YYYY)			
Part C - Registrar's Approval (Please tick):[] Approved [] Not Approved			
Signature		Date(DD/MM/YYYY)	