AKENTEN APPIAH-MENKA UNIVERSITY OF SKILLS TRAINING & ENTREPRENEURIAL DEVELOPMENT

M08 - CLAIM FORM FOR OVERTIME									
	Staff Number:	Designation:							

YEAR:

Faculty/Department/Section/Unit:	

Telephone Number:

Part B - Details of Claim

Name:

Part A - Details of Claimant

Please state below relevant details of the overtime claim										
	Normal	Time Reported	Time Closed							
			for Normal	Time Reported	Time Closed for	Number of				
Date	Working Hours	Duty	Duty		Overtime	Overtime Hours	Nature of Work Done			

Signature of Claimant

Date(DD/MM/YYYY)

Registrar's Approval

Signature of Head of Dept./Unit

Date(DD/MM/YYYY)

Signature

Date(DD/MM/YYYY)

This Form has been designed in accordance with Section 15.2.1 of the University's Financial and Stores Regulations. It is to be used only for the claim for which it is meant.