

Overtime Claim Form

Faculty/School:

Period Claiming

for:.....

..... 20.....

Name:.....

Department:.....

Group:..... Year/

Cohort:.....

TRN#:..... N.I.S.:

.....

Programme (Please tick ✓) UNDERGRADUATE: [] GRADUATE: []

PROGRAMME:

Date COURSE No. of

Students Start End Hours DETAILS OF WORK DONE

Total

Claimant.....

..... Date.....

Head of Unit/Section/Programme

Coordinator.....

Date.....

Head of Department

.....

..... Date.....

Dean's/Director of School Approval

.....

Date.....

Vice President Academic/Vice President Administration

..... Date

Financial Director's

Approval.....

..... Date.....

Revised February 20, 2018 Human Resource Department

The Mico University College