

THE MICO UNIVERSITY COLLEGE

OVERTIME CLAIM FORM

NAME OF CLAIMANT:

DEPARTMENT OF CLAIMANT:

POSITION OF CLAIMANT:

DATE OF CLAIM:

DETAILS OF OVERTIME WORK DONE MONTH IN WHICH OVERTIME WORK WAS DONE

DAY DATE DESCRIPTION OF WORK DONE

TOTAL HOURS WORKING

OVERTIME HOURS

OF HOURS
SIGNATURE OF PERSON
START TIME

END

START

END TIME

TIME

TIME

AUTHORIZING WORK Claimant's Signature: Date:

Supervisor's Signature: Date:

Approved by: Date:

Updated: March 2, 2017 Authorized by: Human Resource Department