



# THE MICO UNIVERSITY COLLEGE

## OVERTIME CLAIM FORM

DEPARTMENT: \_\_\_\_\_

PERIOD OF CLAIM: \_\_\_\_\_

MONTH IN WHICH OVERTIME WORK WAS DONE: \_\_\_\_\_

| DAY | NAME OF EMPLOYEE | DESCRIPTION OF WORK DONE | TOTAL WORKING HOURS |          | OVERTIME HOURS |          | # OF HOURS |
|-----|------------------|--------------------------|---------------------|----------|----------------|----------|------------|
|     |                  |                          | START TIME          | END TIME | START TIME     | END TIME |            |
|     |                  |                          |                     |          |                |          |            |
|     |                  |                          |                     |          |                |          |            |
|     |                  |                          |                     |          |                |          |            |
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|     |                  |                          |                     |          |                |          |            |
|     |                  |                          |                     |          |                |          |            |
|     |                  |                          |                     |          |                |          |            |

Prepared by: \_\_\_\_\_

Date: \_\_\_\_\_

Manager's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_