**ULSTER UNIVERSITY**

**MONTHLY OVERTIME CLAIM**

**Faculty / School ………………………………………………………….……………. Campus ................**

**Name ………………………………………………………….……… Staff No ……..…………………………….**

**NB: All of the above details must be completed for every claim submitted before it can be processed for payment.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATE** | **REASON** | **Cost Centre /****Analysis Code** **(eg 11000 H 29900)** | **TIME** | **HOURS** |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  | **TOTAL HOURS** |  |  |

**I certify I have carried out the duties detailed above.**

**Signed ………………………………....................... Date ………………………..**

**I certify that the above record of hours is correct.**

**Authorised**

**Signatory ……………………………………………..Date ………………..............**

**Please return to Salaries and Wages Office, O8M05, Jordanstown.**