



OVERTIME /ADDITIONAL HOURS/ STAT HOLIDAY FORM

This form applies to SALARY employees and is subject to applicable Collective Agreements, the Employment Standards Act and University Policy

ACADEMIC SERVICES CUPE 3799 CUPE 2278 EXEMPT STUDENT ASSISTANT

Employee Name: _____ Employee ID#: _____

Employee Email address: _____ Employee Ext #: _____

Full Time Part Time

Mon Tue Wed Thu Fri Sat Sun

If you do not work Monday to Friday 7 or 8 hours per day, please provide your schedule.

Mon Tue Wed Thu Fri Sat Sun

Please check ONE of the options below: (applies only to the hours shown on this form, if not indicated hours will be paid)

1) Bank hours earned: 2) Pay out hours earned:

Note: Please report hours on this form in periods of two consecutive weeks Monday to Sunday

Date MM/DD/YY	Day DDD	Add'l Hrs Worked	PAYROLL USE ONLY			Reason (if necessary for clarification) (ie Call-In, Trouble Call, Travel, Start/End times)
			1.0 TIMES	1.5 TIMES	2.0 TIMES	
	MON					
	TUE					
	WED					
	THU					
	FRI					
	SAT					
	SUN					
	MON					
	TUE					
	WED					
	THU					
	FRI					
	SAT					
	SUN					
TOTAL						

Employee Signature

Date

Supervisor Signature

Supervisor Name (please print)

Date

*If payment for these hours is to be charged to a source **DIFFERENT** from your regular pay, the following information and signature is required **in addition** to your supervisor's signature*

Fund: _____ Org: _____ Acct: _____ Prog: _____ Actv: _____

Budget Holder Signature

Budget Holder Name (please print)

Date