

CUPE 2424 Non-Union
 Full-Time/Term Temp/Replacement
 Regular hours less than 35 hrs/week

Overtime hours must be authorized by a manager prior to being worked

| Employee # | Last Name | Given Name |
|------------|-----------|------------|
| | | |

I request to work overtime hours during the month of _____

SECTION 1 – MANAGER’S PRE-AUTHORIZATION OF PROPOSED OVERTIME

I authorize the employee named above to work overtime during the period of: _____ to _____
 (not to exceed one month) to a maximum of _____ hours.

 Manager’s Name (Please Print) Manager’s Signature Date

SECTION 2 – OVERTIME WORKED – TO BE COMPLETED BY THE EMPLOYEE (Report actual hours worked)

| Date | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|--------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Hours Worked | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Total Hours for the Month _____ Number of Meal Allowances * _____

* Eligible for meal allowances if working for 2.5 hours or more following the normal day’s work.

All overtime is paid unless the employee requests that time off be given instead.

** When opting for time in lieu, please note that the hours will be banked at time and a half.

I request time off in lieu of payment for _____ hours (actual hours worked). **

 Employee’s Signature Date

SECTION 3 – MANAGER’S APPROVAL OF OVERTIME

I approve the overtime hours worked, applicable meal allowances noted above, and I agree to the method of payment.

Comments:

 Manager’s Name (Please Print) Manager’s Signature Date

SECTION 4 – HUMAN RESOURCES ONLY

| | | |
|----------|-------|------|
| Code 303 | | |
| Code 302 | | |
| Code 300 | Hours | Rate |
| Code 338 | | |
| Code 355 | | |
| Code 334 | | Rate |

| | |
|----------|--|
| Fund | |
| Org | |
| Account | |
| Program | |
| Activity | |

- Notes:
- This report applies to salaried, temporary, replacement, and term employees only
 - Subject to Article 16.03 (CUPE 2424 Collective Agreement) and Human Resources Policies
 - Reports must be processed through the employee’s manager
 - Overtime report forms received by the 15th of the month following the overtime worked will be processed for the end month pay of that month (e.g. overtime worked in September that is submitted by October 15th will be paid at the end of October)

The personal information requested on this form is collected in accordance with Sections 38(2) and 41(1) of the Freedom of Information and Protection of Privacy Act (FIPPA), R.S.O. 1990 c.F.31 as amended. The information provided will not be used for any purposes other than those stated upon this form unless the applicant provides express written consent. Should you have any questions concerning your personal information, please contact the Assistant Director, HR Infrastructure and Renewal. Carleton University is fully compliant with FIPPA and endeavors at all times to treat your personal information in accordance with this law.