MONTHLY OVERTIME REPORT

Overtime hours must be authorized by a manager prior to being worked.
Overtime hours should be reported at the end of the month.

<table>
<thead>
<tr>
<th>EMPLOYEE #</th>
<th>LAST NAME</th>
<th>GIVEN NAME</th>
</tr>
</thead>
</table>

I request to work overtime hours during the month of ____________________________

SECTION 1 – MANAGER’S PRE-AUTHORIZATION OF PROPOSED OVERTIME AND APPLICABLE MEAL ALLOWANCES

I hereby AUTHORIZE / DENY (circle one) the employee named above to work overtime during the period from ___________ to ___________ (not to exceed one month) as follows:

______ HOURS / WEEK TO A MAXIMUM OF _______ TOTAL HOURS THIS MONTH

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

SECTION 2 – TIME OFF IN LIEU OF PAYMENT OPTION

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

I request time off in lieu of payment for ______ hours of overtime approved above (Employee’s Signature)

SECTION 3 – OVERTIME WORKED – TO BE COMPLETED BY EMPLOYEE

| 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 due: ______ (value $10.00/meal allowance)

Employee’s Signature __________________________ Date ____________

SECTION 4 – MANAGER’S APPROVAL OF OVERTIME

I hereby approve the overtime worked and applicable meal allowances noted above by the above-named employee and I agree to the method of payment

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

SECTION 5 – HUMAN RESOURCES ONLY

<table>
<thead>
<tr>
<th>PAID OVERTIME</th>
<th>CODE 303 ($)</th>
<th>GL</th>
<th>DATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>OVERTIME ACCRUED (PHAHOUR-338)</td>
<td>DATES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEAL ALLOWANCE</td>
<td>CODE 334 ($)</td>
<td>GL</td>
<td></td>
</tr>
</tbody>
</table>

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 15 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, Employee Services, FIPPA Representative for Human Resources, Room 507 Robertson Hall, (613)520-2600 x8635. Carleton University is fully compliant with FIPPA and endeavours at all times to treat your personal information in accordance with this law.

29-Nov-10