

OVERTIME / OVERTIME MEAL ALLOWANCE / ON CALL ALLOWANCE / PAYMENT OF UNTAKEN FLEXI LEAVE / PAYMENT OF TIME IN LIEU FORM

1. Please **tick** appropriate box below, complete necessary details and forward to the relevant team as indicated.
2. Overtime hours are not to be included on Staff Members Flexi Time Sheet.
3. If Time In Lieu (T.I.L.) is required instead of payment of overtime for hours worked on weekends or public holidays, please tick box below, then complete necessary details of dates, times and hours worked and forward to humanresources@westernsydney.edu.au
4. Under the University Hours of Work Agreement, there is provision for payment of untaken Flexi Leave. Where payment for untaken Flexi Leave is required, please tick appropriate box, and indicate the number of **days** to be paid under the Untaken Flexi Leave Days to be paid column and forward to humanresources@westernsydney.edu.au for payment. (Each day to be paid should be based on 7 hours).

Surname:		First Name:	
Employee Number:		School/Unit:	
Address:			Post Code:

- Payment for Overtime requested. Approved by Category 3 Delegation or higher. Forward to casualemployment@westernsydney.edu.au
- Payment for On Call Allowance per DAY. Forward to casualemployment@westernsydney.edu.au
- Payment for Untaken Flexi Leave in accordance with clause 34 of the Professional Staff Agreement. Forward to humanresources@westernsydney.edu.au with copies of the (3) Flex sheets that refer to this claim.
- Payment for Untaken Time in Lieu, to a maximum of 35 hours in accordance with clause 25 of Professional Staff Agreement. Forward to humanresources@westernsydney.edu.au with copies of the (3) Flex sheets that refer to this claim.
- Time in Lieu is requested for weekend / public holiday work instead of payment of overtime. Forward to humanresources@westernsydney.edu.au

Date	Start Time	Meal Break	Finish Time	Total Hours Worked	Tick for Meal Allowance	OT X 1 1/2	OT X 2	OT X 2 1/2	On Call Allow' Am't to be paid	Untaken Flexi Leave hours to be paid	Untaken Time In Lieu hours to be paid	Cost Centre/Project/GL/AC

_____ *Signature of Employee* _____ *Date* _____ *Delegated Officer (please print name)* _____ *Signature* _____ *Date*

HR USE ONLY:			
	<i>Prepared By</i>	<i>Date</i>	<i>Checked By</i>
	_____	_____	_____
	<i>Date</i>	<i>Date</i>	<i>Date</i>