Authorisation to work overtime

This authorization form is intended to accurately monitor and manage overtime for University employees. Managers are requested to fill in this form prior to engaging employees in any work and wait for approval. It is advised that time off should be the first option.

Please indicate the following details:

1. Name of Employee: _____________________   Date:   /   /20____

2. Is the employee entitled to overtime pay?   Y/N

3. Nature of work: ________________________________________________________

4. Reason for overtime:
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

5. Duration of Overtime:

   Start       /       /20___         Time:            /          am/pm
   Finish                  /        /20____         Time:            /          am/pm

6. Total hours: ___________

7. Have you looked into your budget? ___________________________

8. How much will this overtime pay cost?  R___________

   If according to the budget, you cannot afford overtime pay how many days or hours time off will an employee get? ______________ days.

9. How many leave days are still due to him/her? ______________

10 Can you manage such leave days in such a way that they are utilised on this year’s leave cycle? ______________

Name and signature of the manager applying.

Name:_________________________________         Signature__________________

Authorised Immediate supervisor:   Name: __________________Signature: ______________

Date: __________________________

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