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: __________________________

University of Fort Hare
Human Resources Department
Private Bag X 1314; Alice; 5700; Republic of South Africa
Telephone (040) 602 2256 Fax (040) 653 1023