1. This claim form should only be completed where approval for payment of overtime has been agreed in advance with the College Finance Officer or equivalent (i.e. prior to overtime being worked).
2. Claimants may not submit claims for overtime until after the overtime work is complete. Any claims forms received by HR Operations prior to the work being completed will be returned
3. Photocopies of claims or incomplete forms will not be processed.
4. Personnel No. must be stated to avoid a delay in payment.
5. Please note that if the hours of work are greater than 4.5 hours, and less than 6 hours, an employee must take a break of 15 minutes, or if the hours of work exceed 6 hours, an employee must take a break of 30 minutes, in accordance with Employment Law.
6. The Working Time Act, 1997, limits the maximum average working week to 48 hours, this includes payment of overtime. Weekly working time can be averaged out over a four-month reference period.
7. Overtime payments are made in accordance with the Public Sector Stability Agreement 2013 - 2016 .*
8. It is University policy that claims must be submitted on a weekly basis for all authorised overtime completed each week and on a monthly basis for all authorised overtime completed each month.
9. Claims must be signed by the Head of School/Unit, and forwarded to:

HR Operations, UCD Human Resources, Roebuck Offices, Belfield by the following deadlines: Weekly Claims: Wednesday @ 5pm for payment the following week/Monthly Claims: $3^{\text {rd }}$ of the month.

This claim is in respect of hours worked in the School/Unit over and above the minimum working week requirements as outlined in the PSSA 2013-2016.

## Forename:

Personnel No:

Surname:

Paid: Weekly - Monthly (please circle)

School/Unit:

| Day | Date | Time |  |  | For office use only |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | From | To |  | Code | Hours | W/E (Friday) |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

Signed:
Date:
Employee
Please do not sign below until you have confirmed that the staff member has worked the minimum number of hours as required under the PSSA Agreement 2013-2016 (37 hours for those with a working week of less than 37 hours)

Approved:
Cost Centre: $\qquad$ Date: $\qquad$
Head of School/Unit

## Authorised for Processing:

$\qquad$ Date:

Detail Checked: $\qquad$ Core Input: $\qquad$ Payroll Check: $\qquad$

