

ROYAL HOLLOWAY
University of London

EXTRA HOURS/OVERTIME CLAIM FORM
FOR PERMANENT EMPLOYEES ONLY

Please forward to Personnel Office

NAME

PAYROLL NUMBER

CONTRACTED HOURS

W/E	START	FINISH	TOTAL HOURS	ACCOUNT CODE		
				Centre	Fund	Expense
SUNDAY	a.m.					
	p.m.					
MONDAY	a.m.					
	p.m.					
TUESDAY	a.m.					
	p.m.					
WEDNESDAY	a.m.					
	p.m.					
THURSDAY	a.m.					
	p.m.					
FRIDAY	a.m.					
	p.m.					
SATURDAY	a.m.					
	p.m.					
TOTAL OF ACTUAL HOURS WORKED						

Signature of Employee	Date
Authorised by	
Name (Print)	Dept.
Position	Date
PERSONNEL AUTHORISATION	

OFFICE USE ONLY		
Rate of Pay	Gross Pay Calculation	Payroll Reference
	Paid Week / Month	

NB. FAILURE TO COMPLETE THIS FORM CORRECTLY COULD DELAY PAYMENT AS IT WILL BE RETURNED TO YOUR DEPARTMENT