UNIVERSITY OF WESTERN SYDNEY

Office of People and Culture
Locked Bag 1797
PENRITH NSW 2751

Penrith Campus:
Building AE Ph: 029 678 7562 Fax: 029 678 7582
Werrington North Ph: 029 678 7565
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OVERTIME / OVERTIME MEAL ALLOWANCE / ON CALL ALLOWANCE / PAYMENT OF UNTAKEN FLEXI LEAVE FORM

1/ Overtime hours are not to be included on Staff Members attendance timesheet.
2/ If payment for overtime or overtime meal allowance is required, please tick appropriate box, complete necessary details and forward to Payroll Services Team.
3/ If Time In Lieu (T.I.L.) is required instead of payment of overtime, this form is to be attached to staff members attendance sheet as a record of approved T.I.L. and retained by supervisor.
4/ Under the UWS 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 Payroll Services Team for payment. (Each day to be paid should be based on 7 hours).

Employee #: _____

Surname: _____ **First Name:** _____ **College/School/Office:** _____

Address: _____ **Post Code:** _____

- ❑ **Payment for overtime requested and please Tick allocated area if meal allowance is required. Forward to Payroll Services Team for payment.**
- ❑ **Time in Lieu Requested instead of payment of overtime – If time in lieu is granted by supervisor, please do not send this form to Payroll Services Team.**
- ❑ **Payment of Untaken Flexi Leave in accordance with clause 29 of the General Staff Agreement 2009-12. Please forward to Payroll Services Team with copies of the (3) electronic attendance timesheets that refer to this claim.**
- ❑ **Payment for On Call Allowance per DAY.**

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 Allowance Am't to be paid	Untaken Flexi Leave Days to be paid	Cost Centre/Project/GL A/C

_____ _____ _____ _____ _____

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

HR USE ONLY: _____ _____ _____ _____

Prepared By *Date* *Checked By* *Date*