



Overtime

Name:	Month:
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Date	Explanation of overtime worked	Duration From – to	Number of hours	Approved by	Hourly rate
Total number of hours				Amount	

Sleepovers

Date	Place of work	Date	Place of work
Total			

Sickness Details/Absence without pay/Misc. Deductions

Date of shift absence	Place of work

Other deductions (Please enter details)

Holidays taken

Signature:	Date:
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For office use only:	Initials of checker:
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