ACCRA TECHNICAL UNIVERSITY

ATUCF17 - OVERTIME/CALL-IN ALLOWANCE REQUEST FORM

For use only by Heads of Department/Section/Unit in applying for approval for relevant staff to work overtime. No claim for overtime shall be deemed valid without approval obtained from the Vice-Chancellor before the date of overtime.

Part A - Details of Applicant (Head)

Name of Applicant: _____ Dept./Section/Unit: _____

Part B - Details of Proposed Overtime

Proposed Overtime Schedule: Date: From: _____ To: _____

Time: _____ Duration for Each Day: _____

Nature of Work (Please describe the nature of work to be done during the proposed overtime period.)

Justification for Overtime (Please state the reason(s) why the work described above cannot be done during normal working hours.)

Proposed Staff (Please list below details of the staff proposed to do the overtime.)

SN	Name	Designation

Applicant's Declaration:

I understand that if overtime is done before the Vice-Chancellor's approval, it shall be deemed invalid.

_____ _____

Signature of Applicant **Date(DD/MM/YYYY)**

Part C - Vice-Chancellor's Approval *(Please tick):* [ ] Approved [ ] Not Approved

_____ _____

Signature **Date(DD/MM/YYYY)**

This Form has been designed in accordance with Section 16.8 of the University Accounting Policies and Procedures Manual. It is to be used only for the claim for which it is meant.