University of Management & Technology Office of Human Resources	Applicable Date: **11-Aug-2018**
Overtime Claim Form	Revision Date: ----

Name: _____Employee # _____

Designation: _____Department: _____

Month: _____ Date:_____

Date	Duty Area	Start Time	End Time	Overtime Worked
1				
			Total Hours Worked	

Reason for Overtime: _____

Employee Signature: _____ Supervisor Signature _____

Verified By (HOD): _____