CORK INSTITUTE OF TECHNOLOGY
INSTITIÚID TEICNEOLAÍOCHTA CHORCAÍ

OVERTIME CLAIM
(Non Academic Staff)

Claimant Details

Staff Number _____ Grade _____ Name of Claimant _____ Home Department _____

Details of Hours Worked

Date	Day	Start Time	End Time	Hours	Cost Centre	Reason for Overtime (required)

Office Use Only (H03.2)

2010	2012	2015	2020
0	**1.25**	**1.50**	**2.00**

Processed

Funds Check

Released

Approval

Claimant _____ Date _____

Approved by _____ Date _____