



University
of Windsor

Payroll PA05

DEPARTMENTAL REPORT OF APPROVED OVERTIME

Department: _____

GL Account Number: _____ Date: _____

Pay Period End Date: _____

Name: _____ Employee Number: _____

Date O/T Was Worked	O/T Hours Actually Worked *	Reason for O/T	Meal Allowance

*All overtime hours above will be paid at 1.5 or 2 times the regular rate depending on employee's group.

Approval of Overtime

Supervisor Signature

Date

Department Head Signature

Date

Submit Form To: Payroll Department. Any inquiries should be directed to this department at payroll@uwindsor.ca.