

DAYCARE EMPLOYEES ONLY

Claim form for Overtime Payment & Time Off

TO BE COMPLETED ONCE COMP TIME IS COMPLETED

- This form should only be used once Winter break compensatory time owed has been completed and submitted to Human Resources. This form should be submitted within sixty (60) days of hours being completed.
- Approval of overtime must be obtained prior to it being worked.
- When working overtime, claims must be for either time off or payment. If submitting hours for both payment and time off, they must be on separate forms.
 - o When paid, this replaces an OER. Replacement, governing board & CPR training hours cannot be used.
- As per section 8-3.05 of the IASS collective agreement:
 - o An employee shall receive, as compensation for overtime, a leave of a duration equal to the value of the overtime rate prescribed in clause 8-3.06, provided that there was an agreement between the employee and the board on when the employee will take the time off.

 The employee r was performed 	nen the employee will take the time off. nust take his or her compensatory leave within sixty (60) of (including if taken as payment). vacation, only hours completed in April, May or June can be		Fime
Name of Employee:		_	
Employee Number:		-	
Place of Work:		-	
Type of Claim (please	e select only one): Payment	Time off]
-		be entering these dates	in the system as absences)
Exact number of hours <u>worked</u> must be entered in <u>decimal format</u> To convert minutes into decimal, divide by 60. (Example: 40 minutes = 40/60 = .67)			
Before 6 PM :	nvert minutes into decimal, divide by 60. (Exam	pie: 40 minutes = 40/	60 = .6/)
Date (yyyy-mm-dd)		# Hours	1
(chronologically)	Time and Reason	(decimal format)	
			-
	ITOTAL:	0.00	
Lates after 6 PM:			1
			The system will
			convert in time and
			a half
	TOTAL:	0.00	0.00
Date:	TOTAL.	0.00	0.00
Signatures:			
	Employee	Principal/Director	
	GL for payment:		
N	ote: Please return completed form to Sharon Li	ngle in Human Resou	rces