

IASS EMPLOYEES (excluding Daycare Employees)

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 ninety (90) 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.**
 - 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:
 - 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 must take his or her compensatory leave within ninety (90) days after the overtime was performed (including if taken as payment).**
- If adding to summer vacation, only hours worked in **April, May or June** can be used & you must check "Time off".

Name of Employee: _____

Employee Number: _____

Place of Work: _____

Type of Claim (please select only one): Payment ☐ Time off ☐

If choosing TIME OFF, please specify the exact date(s) when time off will be taken: _____

(Please note that HR will be entering these dates in the system as absences)

Exact number of hours worked must be entered in decimal format

To convert minutes into decimal, divide by 60. (Example: 40 minutes = 40/60 = .67)

Date (yyyy-mm-dd) (chronologically)	Reason	# Hours (decimal format)	<p style="text-align: center;">The system will convert in time and a half (if completed electronically)</p> <p>* check File < Options <Formulas is set to automatic calculation</p>
TOTAL:		0.00	0.00

Date: _____

Approval of overtime must be obtained prior to hours being worked

Signatures: _____
Employee
Principal/Director

GL for payment: _____ - _____ - _____ - _____

Note: Please return completed form to Sharon Lingle (absences@lbpsb.qc.ca) in HR