

## 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 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 completed 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)

Before 6 PM :

Date (yyyy-mm-dd) (chronologically)	Time and Reason	# Hours (decimal format)
TOTAL:		0.00

Lates after 6 PM :

			The system will convert in time and a half
TOTAL:		0.00	0.00

Date: \_\_\_\_\_

**Approval of overtime must be obtained prior to hours being worked**

Signatures: \_\_\_\_\_

Employee

Principal/Director

GL for payment: qwqw

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