

**RESTRICTED (when complete)**

**DERBYSHIRE CONSTABULARY  
POLICE STAFF OVERTIME CLAIM FORM – SHIFT WORKERS ONLY**

**OVERTIME FOR THE MONTH ENDING:** ..... **Year** ..... **Payroll No: G6** .....

**Name:** ..... **Post Held:** ..... **Division:** ..... **Staff No:** .....

**Post: FULL-TIME/JOB-SHARE/PART-TIME** ..... **Contracted Hours per week** .....

**\* If job share, is job share partner – AT WORK/OFF SICK/ON ANNUAL LEAVE/POST VACANT** *(delete as appropriate)*

**\* Job Share Posts: Overtime rates are not payable until the full time equivalent hours have been worked.**

- Bank Holiday -** If rostered shift falls on a bank holiday then enter number of hours worked under BH.
- Pure Overtime -** Additional work undertaken at the beginning or end of a shift should be entered under the appropriate rate for the day.
- Rostered Start Time Altered -** Claim an extra shift at plain time if start of shift is altered by 3 hours or more. Only applicable if the change is enforced and less than 5 days notice is given.
- Cancelled Rest Day -** For cancellations with less than 5 days notice, claim shift worked at the appropriate overtime rate for the day,\* and a rostered rest day (Tick RRD box).  
( <5 days notice)
- Cancelled Rest Day -** For cancellations with less than 15 days notice, choose between rostered rest day by ticking RRD box or payment at the appropriate overtime rate for the day.\*  
( < 15 days notice)
- \*Appropriate rates -** Monday to Saturday x1½, Sunday and Bank Holidays x2. **NB:** Sunday work restricted to x1½ for anyone above point 29

Day	Date	Rostered Hours		Actual Hours worked		Rest or meal break	Reason for Overtime/Reroasting eg Cover	Cost Centre	Project Code	Number of hours actually worked				Tick RRD	Name of Officer authorising payment	Tick if Less than 5 days	Tick if Less than 15 days
		From	To	From	To	Enter minutes				P/T	x1½	x2	BH				

I certify that the above information is a true record of my actual hours worked and that overtime worked has been approved for payment on dates and times specified above.

Signed ..... Date ..... Authorised for Payment ..... Print Name ..... Date .....  
Supervisory Officer