

RESTRICTED (when complete)

**DERBYSHIRE CONSTABULARY
POLICE STAFF OVERTIME CLAIM FORM (Non Shift Workers)**

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

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

Post: FULL-TIME/JOB-SHARE/PART-TIME **If job share, is job share partner – * AT WORK/OFF SICK/ON ANNUAL LEAVE/POST VACANT**
(delete as appropriate)

Contracted Hours per week **Do you participate in the flexitime scheme (Police Staff) YES/NO**

Day	Date	Expected Hours		Actual Hours worked		Rest or meal breaks	Reason for Overtime	Cost Centre	Project Code	Number of actual hours overtime worked				Name of Officer authorising payment
		From	To	From	To	Minutes				P/T	x1½	x2	BH	

*** Job Share Posts: Overtime rates are not payable until the full time equivalent hours have been worked, with the exception of weekend working which is paid at x1½**

I certify that the above information is a true record of my actual hours worked and overtime claimed for payment on the dates stated.

Signed Date Authorised for Payment Print Name Date
Supervisory Officer