

	<b>TECHNICAL UNIVERSITY OF MOMBASA</b>		
	<b>Document: Form</b>		<b>Ref No.: TUM/Form/HRM/030</b>
	<b>Title: STAFF OVERTIME RECORD</b>		
	<b>Department: HUMAN RESOURCE MANAGEMENT</b>		
	<b>Issue No. 2</b>	<b>Revision No. 0</b>	<b>Date: 5th April 2018</b>

**Instructions**

1. To be filled in duplicate.
2. Letter of prior authority for overtime to be attached.

**Part A: Personal Details**

.....  
 Last Name First Name Middle Name  
 ID/No: ..... Staff No: ..... PIN: .....  
 Date of First Appointment: ..... Designation: .....  
 Current Grade: ..... Current Department: .....  
 Employment Term:  Permanent & Pensionable  Contract  Temporary  Casual

**Part B: Overtime Work Details**

Day & Date	Work Done	Car No (for Drivers only)	Time worked		Enhanced Hours (for HR use only)	Signature of Instructing Officer
			From	To		

Claimant's Signature: ..... Date: .....

**Part C: HOD's Certification**

I certify that the above information is true and correct.

.....  
 Name of Head of Department Signature & date

**Part D: Verification by HR Department**

I verify that the above information is true and correct hours/days awarded and that prior authority had been granted.

.....  
 Name of Human Resource Officer Signature Date

