



University of Fort Hare  
Together in Excellence

# University of Fort Hare

## Human Resources Department

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### Authorisation to work overtime

This authorization form is intended to accurately monitor and manage overtime for University employees. Managers are requested to fill in this form prior to engaging employees in any work and wait for approval. It is advised that time off should be the first option.

Please indicate the following details:

1. Name of Employee: \_\_\_\_\_ Date: / /20\_\_\_\_

2. Is the employee entitled to overtime pay? Y/N

3. Nature of work: \_\_\_\_\_

4. Reason for overtime:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Duration of Overtime:

Start / /20\_\_\_\_ Time: / am/pm  
Finish / /20\_\_\_\_ Time: / am/pm

6. Total hours: \_\_\_\_\_

7. Have you looked into your budget? \_\_\_\_\_

8. How much will this overtime pay cost? R\_\_\_\_\_

If according to the budget, you cannot afford overtime pay how many days or hours time off will an employee get? \_\_\_\_\_days.

9. How many leave days are still due to him/her? \_\_\_\_\_

10 Can you manage such leave days in such a way that they are utilised on this year's leave cycle? \_\_\_\_\_

**Name and signature of the manager applying.**

Name: \_\_\_\_\_ Signature \_\_\_\_\_

Authorised Immediate supervisor: Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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