

Request for Overtime Form



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All hours worked beyond the hours described in the Duties Specification Agreement shall be remunerated at a rate of time and one-half (1.5X) the hourly rate of pay. Any hours worked beyond those described shall not be worked without an Employee sending this completed Overtime Request Form (Appendix D) to their Course Supervisor and Director of Administration for the School of Graduate and Postdoctoral Studies. Course Supervisors and Director of Administration, SGPS, shall respond to a request for overtime within seven (7) days of such request, or, by mutual agreement, within a longer period of time. No request for overtime shall be unreasonably denied.

Request for Overtime

Name: _____

Date: _____

I, _____, am requesting approval for overtime pay in anticipation of work done during the course of my GTAship for _____ (course code). I am requesting approval for ___ hours of work beyond that outlined in my Duties Specification Agreement (DSA).

The date range related to completing this work will be __/__/__ to __/__/__

Please provide rationale for overtime request:
