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# OVERTIME/CASUAL/SHIFT DIFFERENTIAL REPORT

North Atlan	tic		(Select	"Print Entire Wo						
SECTION 1 - PRE-APPROVAL - To be Completed and Authorized by Su					pervisor Prior to Overtime Performance  No. of Hours					
Name:					N	Approved		Type of Work	Comp	ensation:
Campus/ Dept:	:				Straight:		Overtime:		Payment:	
Dates Requested for	From:				Time & a half:		Casual:		Lieu:	
Approval: YY/M/D	To:				Shift Diff:				<b>.</b>	
Details (Reaso	n Overtime R	equested):								
Employee Signature:						Date:				
Supervisor Name (Print):						ı				
Supervisor Signature:						Date:				
Authorization Do	esignation - Fi	nal Approval [	Designated to On	-Site Superviso	or - Contract	Training, etc.		YES		
RFE Reference	No. (Date & T	ime)						(Required if "Au checked)	uthorization Desig	nated"
Section 2 - S	UPERVISOR	(in consult	ation with Org	janizational l						
Signature:						Cost Code: 25200 / 4426	1	/	/	
SECTION 3 -			IOURS WORK							
	· · · · · · · · · · · · · · · · · · ·	Complete Sec	ctions 3 & 4, Sig	ın and Forwar	d to Human				Actua	al
Date Day		Details of Work Performed				Actual Time Worked (Please indicate AM/PM)			No. of Hours	
						Tota	l Hours W	orked		
SECTION 4 - Compensation			l of hours in eacl	h applicable ca	ategory					
, , , , , , , , ,	Straight				,	CP:# D:#				
Casual	Time	Time & half	Tot	aı		Shift Diff				
Overtime										
			EPORT ACTUAL					ID/DC		
DO NOT CONVERT FROM STRAIGHT TO TIME & A HALF - CONVERSION							E DONE BY F	1K/PK		
Employee Signature: Final Approval:					Date:					
Supervisor Sig						Date:				
SECTION 5 -		sources/Pay	roll			2410.				
Verified By:						ı				
HR Clerk					F	Payroll Clerk				
Date						Date				

## **HELP THE COLLEGE "GO GREEN"**

Print forms in "BACK to BACK" format if you have access to a printer with this capability

If not, please print these Procedures and retain for future use

Forms are available at your Campus Administrator's or Supervisor's office or on the College website at:

http://www.cna.nl.ca/about/policy.asp

### PROCEDURES FOR OVERTIME/CASUAL/SHIFT DIFFERENTIAL REPORTS:

- 1 It is the responibility of the employee to ensure all required fields in Sections 1,3 & 4 are completed prior to submission of report to Human Resources
- 2 Forms received without <u>all</u> necessary information will <u>not</u> be processed for payment or for banking of lieu time
- 3 All time must be pre-approved by the applicable Supervisor **prior** to work commencing
- 4 Definition of a Casual Employee An employee who is scheduled to work on an intermittment basis for a specific assignment and a specific period up to three (3) weeks as outlined in a Temporary Employment Letter, and who must submit a timesheet for attendance and payment purposes
- 5 All time must be submitted according to the Bi-Weekly Payroll Deadlines located at http://www.cna.nl.ca/employees/HR/docs.asp

#### 6 SECTION 1 - Pre-Approval

To be completed by: Employee in consultation with Supervisor

Required fields: All those from Name to Supervisor signature & Date

The purpose of this section is to provide information agreed upon by the employee and his/her Supervisor specifying the dates, total number of hours, compensation rate and method for the time to be worked

Authorization Designation is to be used in circumstances such as Contract Training, etc. when the originating supervisor is in a separate location than the employee, at which point s/he will designate the on-site supervisor with the authority to monitor and approved the time worked.

#### 7 SECTION 2 - Supervisor (in consultation with OBA)

To be completed by: Supervisor in consultation with Organizational Budget Analyst

Required fields: All

The purpose of this section is to provide the budget information for the cost incurred in the payment or banking of lieu time involved for this report. The Supervisor, in consultation with the OBA or Budgeting Department, as necessary, will ensure the cost is charged to the appropriate department.

#### 8 SECTION 3 - Record of Actual Time Worked

To be completed by: Employee as time is worked

Required fields: All

Each date/day must be entered individually, and must be within the dates noted in Section 1

Details of Work Performed must be completed

Actual Time Worked must reflect the time of day and must be outside the employee's normal working hours, for example 7:00 pm to 9:30 pm

Actual No. of Hours must be equal to the timespan worked, for example, for above, 2.5 hours

Total hours worked must not exceed the total approved in Section 1

## 9 SECTION 4 - Summary and Approval

To be completed by: Employee and supervisor

The employee will indicate the actual number of hours worked in each category

The number of hours must not exceed the total approved in Section 1

Compensation Rate must reflect that agreed to in Section 1

Do not convert the number of hours worked from Straight Time to Time & Half, this will be calculated by Human Resources by converting the pay rate to Time & Half where applicable

Employee and Supervisor will sign and date the report

The report should now be submitted to Human Resources for processing

It is acceptable to FAX the report if your work location does not have an on-site Human Resources Office; however, the **ORIGINAL REPORT MUST BE MAILED TO HR WITHIN 2 WORKING DAYS** of the date it was signed

## 10 SECTION 5 - Human Resources/Payroll

To be completed and signed by: Human Resources Clerk & forwarded to Payroll Clerk

## Role of Human Resources Clerk:

- Verify all required information is completed
- Verify the dates worked and the total number of hours are within those approved in Section 1
- Verify the Actual Time Worked is outside the employee's normal work hours
- Verify the Actual No. of Hours accurately reflects the time indicated in Sections 3  $\&\,4$
- Verify the eligibility for Shift Differential based on the Actual Time Worked

## Role of Payroll Clerk:

- Verify the dates submitted do not overlap with any previous reports received
- Sign and process for payment