

OVERTIME FORM							
Department:				Month/Year:			
Employee Number	Employee Name	Cost of Employment (Employee Salary)	Overtime Hours (Mondays - Saturdays) x1.5	Overtime Hours (Sunday/ public holidays) x2	Overtime Hours (security staff) x0.5	Costing Information	*Motivation for Overtime exceeding BCEA rules
Total							
Overtime Consi	ust be provided for emp deration (based on the E ees may work a maximum he remuneration for Monda he pay is subject to an ann	BCEA rules): n of 3 hours overtime ays till Saturdays is	e per day - or 10 h paid at 1.5x norma	nours in any one we al rate, 2x normal ra	eek.		5x for Sundays for Security staff.
Approval:	Head of Departmen	t (name)			Signature		Date

Overtime Form | October 2020

Page 1 of 1