**Application for Overtime Work to be Recompensed by Time-off in Lieu (TOIL)**

**Part I** (to be completed by the officer who is required to perform overtime work)

Approval is sought for the overtime work detailed below to be recompensed by TOIL

|  |  |  |  |
| --- | --- | --- | --- |
| (a) | Purpose/ nature of work: |  | |
|  |  |  | |
| (b) | Date, time and location: |  | |
|  |  |  |
| (c) | Estimated duration: |  |
|  |  | | |
| (d) | Consequences of not working overtime: | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature : |  | Post and Rank : |  |
| Name : |  | Date : |  |

**Part II** (to be completed by the supervising officer)

A. I certify that the above mentioned overtime work is strictly essential and cannot be avoided or reduced.

B. I confirm that –

\* the ceilings of overtime hours worked and uncompensated overtime hours accumulated set by CSB Circular 18/2000 have not been exceeded.

~~\* approval has been given by \*AC( ) / \* DC for the staff concerned to work overtime which exceeds the ceiling(s) of \*overtime hours worked / \* uncompensated overtime hours accumulated set by CSB Circular 18/2000~~

C. I will ensure that such overtime work is properly supervised and recorded.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature : |  | Post and Rank : |  |
| Name : |  | Date : |  |

\* Delete if not applicable

# Prior verbal approval has been sought on .**Record of Overtime Performed**

**Part I** (to be completed on each occasion by the officer who has performed overtime work)

A) I confirm that I have worked a total of  hour(s) of overtime.

Details are as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Time** | **Location** | Purpose |
|  |  |  |  |

B) I understand that the above overtime work will be recompensed by time-off in lieu.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Signature : |  |
|  |  | Name : |  |
|  |  | Rank : |  |
|  |  | Post : |  |
|  |  | Date : |  |

**Part II** (to be completed by the supervising officer)

A. I certify that the information in Part I above is correct.

B. I confirm that –

\* the ceilings of overtime hours worked and uncompensated overtime hours accumulated set by CSB Circular 18/2000 have not been exceeded.

~~\* approval has been given by \*AC( ) / \* DC for the staff concerned to work overtime which exceeds the ceiling(s) of \*overtime hours worked / \* uncompensated overtime hours accumulated set by CSB Circular 18/2000~~

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Signature : |  |
|  |  | Name : |  |
|  |  | Rank : |  |
|  |  | Post : |  |
|  |  | Date : |  |

\* Delete if not applicable