Request for Overtime Approval Form

Form must be filled out by the Section Head

**Section 1: Period Covered by This Request**

|  |  |  |  |
| --- | --- | --- | --- |
| *Start (Date):* | *Start (Time):* | *End (Date):* | *End (Time):* |

**Section 2: Staff Covered by This Request**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Section 3 : Reason for Overtime & Expected Outputs**

|  |
| --- |
|  |
|  |

**Section 4: Funding Availability: Manager Corporate Services Division**

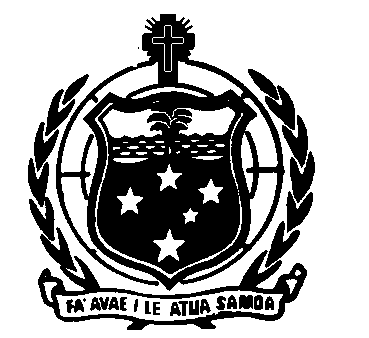
|  |  |
| --- | --- |
| *Output:* | *Yes  No* |

**Section 5: Deputy Clerk/Clerk Assistant’s Endorsement**

|  |  |  |
| --- | --- | --- |
| ***Comments:*** | | |
| *Endorsed  Not Endorsed* | *Signature:* | *Date* |

**Section 5: Approval of the Clerk (or Delegate)**

|  |  |  |
| --- | --- | --- |
| ***Comments:*** | | |
| *Approved  Not Approved* | *Signature:* | *Date* |

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Application for Leave Form

Form must be filled out by Employee, Section Head/ Clerk Assistant and Manager – HR, Policy & Planning Division

**Section 1: Employee’s Details:**

(To be filled out by Employee)

|  |  |  |
| --- | --- | --- |
| Name: | Designation: | Section/Division: |

**Section 2: Employee’s Entitlement:**

(To be filled out by Employee)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Type of Leave (Tick appropriate box) | Annual Leave | Maternity Leave | | Special Leave | Study Leave | Long Service Leave | | |
| Sick Leave | Paternity Leave | | Special LWOP | Bereavement Leave | | Carer’s Leave | |
| Time Off |  | | | | | | |
| ***To be Taken:  Locally  Overseas*** | | | **Duration:**  **Start Date:**  **End Date:** | | | | **No. of Working days to take as :** | |
| **Purpose of Leave:** | | | | | | | | |
|  | | | | | | | | |
| Employee’s Signature: | | | | | | | | Date: |

(Please attach supporting information for requested leave to be taken (if required)

**Section 3: Deputy Clerk/Clerk Assistant’s Endorsement**

Work Arrangement has been made and I fully support the above employee’s application for leave

|  |  |  |
| --- | --- | --- |
| Comments: | | |
| Endorsed  Not Endorsed | Signature: | Date |

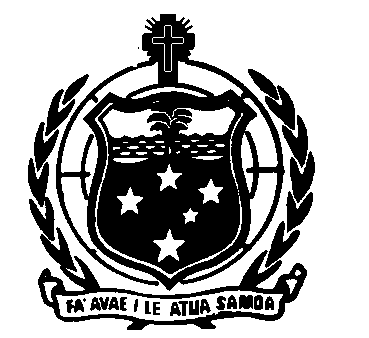
**Section 4: Employee Leave Entitlement for Leave to be taken**

(To be filled out by the HR Division)

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Leave :** | **Number of Leave Entitlement (in working days)** | | |
| ***Checked and confirmed:***  ***HR Manager (or delegate)*** | Further Comments | Signature: | Date: |

**Section 5: Approval of the Clerk (or Delegate)**

|  |  |  |
| --- | --- | --- |
| **Comments:** | | |
| Approved  Not Approved | Signature: | Date: |

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Application to Carry Forward/Advance Leave Form

Form must be filled out by Employee, Section Head/ Clerk Assistant and Secretary to Clerk

**Section 1: Employee Details**

(To be filled out by Employee)

|  |  |  |
| --- | --- | --- |
| *Name:* | *Designation:* | *Division/Section:* |

**Section 2: Employees’ Request**

(To be filled out by Employee)

|  |  |  |  |
| --- | --- | --- | --- |
| *Tick appropriate box* | | *How many leave to carry forward or to advance (Days)* | *Reason* |
| *Carry Forward Annual Leave* |  |  |  |
| *Advance Leave:*   * *Sick Leave* * *Annual Leave* |  |  |  |
| *Employee’s Signature:* | | | *Date:* |

*(Please attach supporting information for requested leave to be taken (if required)*

**Section 3: Deputy Clerk/Clerk Assistant’s Endorsement**

|  |  |  |
| --- | --- | --- |
| ***Comments:*** | | |
| *Endorsed  Not Endorsed* | *Signature:* | *Date* |

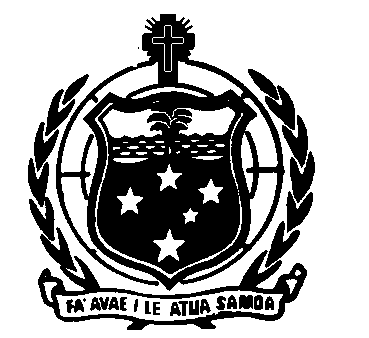
**Section 4: Employee’s Leave Entitlement**

(To be filled out by HR Division)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *Number of Accumulated & Carry Forward Leave* | *Sick Leave* |  | *Number of Days* | *Number of Advanced leave in current leave year* | *Sick Leave*  *Annual Leave* |  | *Number of Days*  *Number of Days* |
| *Annual Leave* |  | *Number of Days* |
| *Checked and confirmed by:  Manager (or delegate)* | | | *Signature:* | | | *Date:* | |

**Section 5: Approval of the Clerk (or Delegate)**

|  |  |  |
| --- | --- | --- |
| ***Comments:*** | | |
| *Approved  Not Approved* | *Signature:* | *Date:* |

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Cessation of Employment Benefits Form

Form must be filled out by the Principal Accountant

**Section 1: Employee Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Name:* | | *Section:* | *Division:* | |
| *Employee Number:* | | *Designation:* | *Current Salary Level:* | *Date of Birth:* |
| *Gender* | *Entry Date of Service:* | *End Date of Service:* | *Total Years of Service:* | |

**Section 2: Employment Benefit(s)**

(To be filled out by Corporate Services)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Benefits (Tick Appropriate Box)*** | ***Entitlements (Refer to Policies for entitlements)*** | | ***Calculation (if applicable)*** | | ***No. of working days on full pay*** |
|  | | | | | |
| *Resignation Benefits*  *OR*  *Retirement Benefits* | *Untaken Long Service Leave* |  |  | |  |
| *Untaken annual leave & proportionate leave* |  |  | |  |
| *30% of sick leave* |  |  | |  |
| *TOTAL* | | | | |
|  | | | | | |
| *Death Benefits* | *Six (6) months’ salary or wage payment* |  | |  |  |
| *Untaken Long Service Leave* |  | |  |  |
| *Untaken annual leave & proportionate leave* |  | |  |  |
| *30% Untaken Sick Leave* |  | |  |  |
| *TOTAL* | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Disability Benefits* | *Twelve (12) months’ salary or wage payment* |  |  |  |
| *Untaken Long Service Leave* |  |  |  |
| *Untaken annual leave & proportionate leave* |  |  |  |
| *30% Untaken Sick Leave* |  |  |  |
| *TOTAL* | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| *Checked and confirmed by Manager Corporate Services* | *Further Comments* | *Signature* | *Date* |
|  |  |  |  |

**Section 3 : Approval of the Clerk (or delegate)**

|  |  |  |
| --- | --- | --- |
| ***Comments:*** | | |
| *Approved  Not Approved* | *Signature:* | *Date* |