

PERSONNEL &
 STAFF DEVELOPMENT
 BOX 480, LA RONGE
 SASK. S0J 1L0
 PHONE: (306) 425-2183
 FAX: (306) 425-5559
 1-800-567-7736



Lac La Ronge Indian Band

OVERTIME REQUEST FORM

| | |
|----------------|-------------------------------|
| EMPLOYEE NAME: | TREATY NUMBER (IF APPLICABLE) |
| POSITION: | DEPARTMENT/PROGRAM: |

I am requesting approval in advance to work additional hours (overtime) as permitted under on the LLRIB *Personnel Policy Manual*. I understand that I am not entitled to be paid if this request is not approved. I understand that I am entitled to a rate of 1.5 hours of paid time off work for each hour of overtime worked and I also agree to take Time-Off-In-Lieu (TOIL) as overtime compensation.

| DATE: | TIME: | EXPLANATION/ PURPOSE: | TOTAL HOURS: |
|------------------|--------------|-------------------------|--------------|
| Day/ Month/ Year | Time of Work | _____ _____ _____ | |

 SIGNATURE OF EMPLOYEE

 DATE

- Approved
- Not Approved

REASON FOR REFUSAL:

 SIGNATURE OF SUPERVISOR/OR DESIGNATE

 DATE