



Payroll Department
1120-606 Spadina Crescent East
Saskatoon, SK S7K 3H1

Tel: 306.655.0900
Fax: 306.655.0929

Request for Overtime Payment

SUN OTFT SUN Members SUN Article 8.02b) Overtime/Averaging Period

Employee Information (Required)

Please Print---First Name and Last Name

Employee #

I have worked more than the fulltime hours in the averaging period ending _____.
Insert Date

My averaging period is:

- 149.36 hours in 28 days (4 weeks)
 224 hours in a 6 week period

I am requesting an overtime payment for _____ hours worked.

Signature

Date

This form must be faxed to the Payroll Office at 655-0929 by 10am on the Monday following the end of the designated averaging period.