KOÇ UNIVERSITY

OVERTIME CLAIM FORM
F17-IK-P005-02

Registration Number		**Title**	
Name-Surmane		**Relevant Year**	
Department		**Relevant Month**	

Will be filled by the Supervisor

☐ Workings stated below will be considered as workings during the "Reference Period". Hence; these working hours will not be considered as overtime working.

☐ Workings stated below will be considered as overtime working.

Will be filled by the Employee

I hereby claim ☐ payment ☐ leave of absence in exchange for the overtime working performed by myself at the dates mentioned below

Overtime Working Date	Overtime Working Day	Start Time	End Time	**Gross Overtime	** Net Overtime Period	Reason for Overtime	Explanation
Toplam					**0**		

NOTES

Net Overtime Working: Overtime workings after reducing relaxation allowance. Please reduce 30 minutes for workings between 4 and 7,5 hours; 60 minutes workings between 7,5 and 11 hours and 90 minutes workings longer than 11 hours.

The maximum actual daily working period is 11 hours. Breaks are not included. The overtime working period cannot exceed 270 hours per year.

Workings exceeding forty five (45) hours a week are overtime workings. Upon the written claim of the staff, an hour and a half leave of absence may be given instead of overtime pay.

The leave of absence talen by the employee and approved by his/her manager shall be used within the following six months. This leave will not be included to the paid annual leave.

This form shall be sent to the Human Resources Directorate until the 21st of each month via e-mail by taking all approvals. Overtime workings after that date shall be put into process in the following month.

Overtime claims for previous months shall not put into process.