



ADMINISTRATIVE SERVICES

EVENING SHIFT PREMIUM FORM

CLAUSE 6-6.03 OF THE SUPPORT STAFF COLLECTIVE AGREEMENT STATES:

“An employee, for whom half or more of the regular working hours occur between 18:00 hours and 24:00 hours shall be entitled, for each hour actually worked, provided that the hours worked are not paid at the overtime rate, to the evening shift premium which rates appear in Appendix “E” .”

Week Ending: _____

Employee: _____

Employee #: _____

Number of Hours: _____

Budget Code:

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Supervisor’s Signature: _____

Date: _____

HUMAN RESOURCES DEPARTMENT

Signature

Date

RESERVED FOR PAYROLL

Employee #: _____ YY-PP: _____ - _____ Pay date: _____ Data Entry: _____

Status: _____ Hours: _____ Rate: _____ Amount: _____