







Application form for approval to work outside the official working hours

Personnel whose work is to be approved outside of official working time					
No.	Name	No.	Name		
1		5			
2		6			
3		7			
4		8			

Task for which approval is required	Reasons for not completing the task during official hours

Direct supervisor		
Name		
Job		
Signature		
Date		

D	eanship of Human Resources Opinion	Financial Link		
O off-duty allowance has already been paid for this task			O Available in the Financial Link	
O No off-duty al	lowance has ever been paid for this task	O Unavailable in the Financial Link		
O overlap with another decision O No Overlap		O Another Opinion		
Name		Name		
Job		Job		
Signature		Signature		
Date		Date		

Approval		
Name		
Job		
Signature		
Date		



