Employee Name: Date:

Contracted hours per fortnight: \_\_\_\_\_\_\_\_\_\_

**TOIL Details**

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| --- | --- | --- | --- |
| Date: | Additional hours worked: | Reasons: | Comments: |
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| **Total:** |  |  |  |

Employee Signature: Date:

Approved by your Line Manager:

|  |  |
| --- | --- |
| Manager Signature: | Date: |
| Manager Title: | |

**PLEASE NOTE** : 15 hours is the maximum time allowed for carry over of TOIL. TOIL in excess of 15 hours is not to be accumulated without prior arrangement with your Line Manager.