

HR Payroll

Overtime Form Guide



THE UNIVERSITY
OF QUEENSLAND
AUSTRALIA

Create change

What has changed?

- The overtime form is now an **editable PDF document**.
- Supervisor can now **email the form** to the Payroll team when the overtime has been approved.
- Claimant can now **fill** in the overtime form digitally using Adobe Acrobat Reader.
- Both the Claimant and Supervisor can **sign** the form electronically using **Adobe Acrobat Reader**.
- Overtime claim values are **locked down** when the form has been digitally signed by the claimant.

What are Digital signatures or Digital IDs?

- Digital signatures are like electronic “fingerprints.”
- They are like regular hand drawn signatures, except that they are unique to every person that creates them in the digital world.
- Digital signatures take the form of a coded message, which securely associates a signer with a document that they have signed electronically.

New Process



What you will need to fill in the overtime form electronically

- You will need access to a computer.
- You will need Adobe Acrobat Reader DC or Adobe Acrobat Reader.
- If you are filling up this form on a UQ owned computer, it is very likely that you will have Acrobat DC installed on your computer.
- If you are filling up this form on a home computer, or an Android or iOS mobile device, then you can download Adobe Acrobat for free using this link - <https://get.adobe.com/reader>



Instructions

1. Employee Information Section

- **EMPLOYEE NUMBER** - If you are unsure of this number, please lookup on MyAurion to get your employee number.
- **GIVEN NAME** – Please type in your First Name.
- **FAMILY NAME** – Please type in your Last Name.
- **EMPLOYMENT TYPE** – Please indicate if you work part time or full time in the role that you are claiming overtime against.
- **SECTION/SCHOOL** – Please type in the UQ Organisational Unit that you are claiming overtime under.
- **NATURE OF WORK** – This is a dropdown field. If you are filling out the form electronically then you will be able to choose from a list of pre-defined values. If you are printing this out, please indicate what occupational category you belong to. Options are:

Administration / Clerical	Veterinary nurse / veterinary technician	Library	UQ Centre hospitality & function attendants
Customs House	Animal and crop attendants	Marketing	
Heron Island Research Station	Cleaners	Open Day/Expo Uni display attendants	
Information Technology	Examination supervisors	Professional Services	
P&F Trades and Services	Field Work	Research	
Security	Gardeners/Grounds	Student vacation program attendants	
Technical & Scientific	Graduation Attendants	UniSafe Escorts	

- **COMMENT TO PAYROLL** – This is a free text field. If you wish to give additional information that you think may be relevant, please type here.

New Form



INSTRUCTIONS

- Where possible, please fill in the form on a computer using Adobe Acrobat reader and sign digitally into the signature fields. Once the form is signed by the claimant digitally, it will not be possible to edit/override claims.
- For more information on Overtime policy and procedures, refer to [UQ 9.55 hours of Work and Flexible Work Arrangements](#)

OVERTIME CLAIM FORM

EMPLOYEE NO:	GIVEN NAME(S):	FAMILY NAME:	EMPLOYMENT TYPE: <input type="radio"/> FULL TIME <input type="radio"/> PART TIME
SECTION/SCHOOL:	NATURE OF WORK:	COMMENT TO PAYROLL:	

DATE	TIME	HOURS	MEAL MONEY	COSTING GL CHART STRING - Enter if this is NOT the usual salary account for claimant	PAYROLL USE ONLY								
					OVERTIME HOURS				MEAL				
DD/MM/YY	FROM	TO	HH:MM	Y/N	OP UNIT AND SITE	FUND & FUNCTION	PROJECT (optional)	FREE FORMAT TAG (optional)		1.0	1.5	2.0	SPEC
TOTAL													

CLAIMANT'S SIGNATURE		SUPERVISOR'S SIGNATURE		PAYROLL USE ONLY	
FULL NAME	SIGNATURE	FULL NAME	SIGNATURE	PREPARED BY	CHECKED BY
DATE		DATE			

IMPORTANT NOTE - Please note that the completed forms must be emailed to payroll@uq.edu.au by your Supervisor **ONLY**.

SUBMIT REVIEWED FORM TO PAYROLL

2. Overtime Claims Section

- DATE** – This is the date when the overtime occurred. If you are filling the date electronically, you will see a calendar using which you will be able to select the date. If you are printing the form out, please ensure that the date format is in DD/MM/YY
- FROM** – Please type in the time when the overtime started. Use either the AM/PM or 24 hour format.
- TO** – Please type in the time when the overtime ended. Use either the AM/PM or 24 hour format.
- HOURS** – Please indicate the duration you are claiming overtime for. Please note that this must be in the HH:MM (Hours:Minutes) format.
- MEAL MONEY** – Please indicate if you are claiming meal money as part of this overtime.
- COSTING GL CHART STRING** – A chart string is a combination of data values that provides necessary information for financial management and budgeting. If you are unsure of what chart string you should use against your overtime claim, please talk to your supervisor. Your chart string is composed of:
 - Op Unit and Site code*
 - Fund and Function code*
 - Project Code*
 - Free Format Tag (optional)*



INSTRUCTIONS

- Where possible, please fill in the form on a computer using Adobe Acrobat reader and sign digitally into the signature fields. Once the form is signed by the claimant digitally, it will not be possible to edit/override claims.
- For more information on Overtime policy and procedures, refer to [PPS 5.55 hours of Work and Flexible Work Arrangements](#)

OVERTIME CLAIM FORM

EMPLOYEE NO:		GIVEN NAME(S):		FAMILY NAME:		EMPLOYMENT TYPE:	
SECTION/SCHOOL:		NATURE OF WORK:		COMMENT TO PAYROLL:		<input type="radio"/> FULL TIME <input type="radio"/> PART TIME	

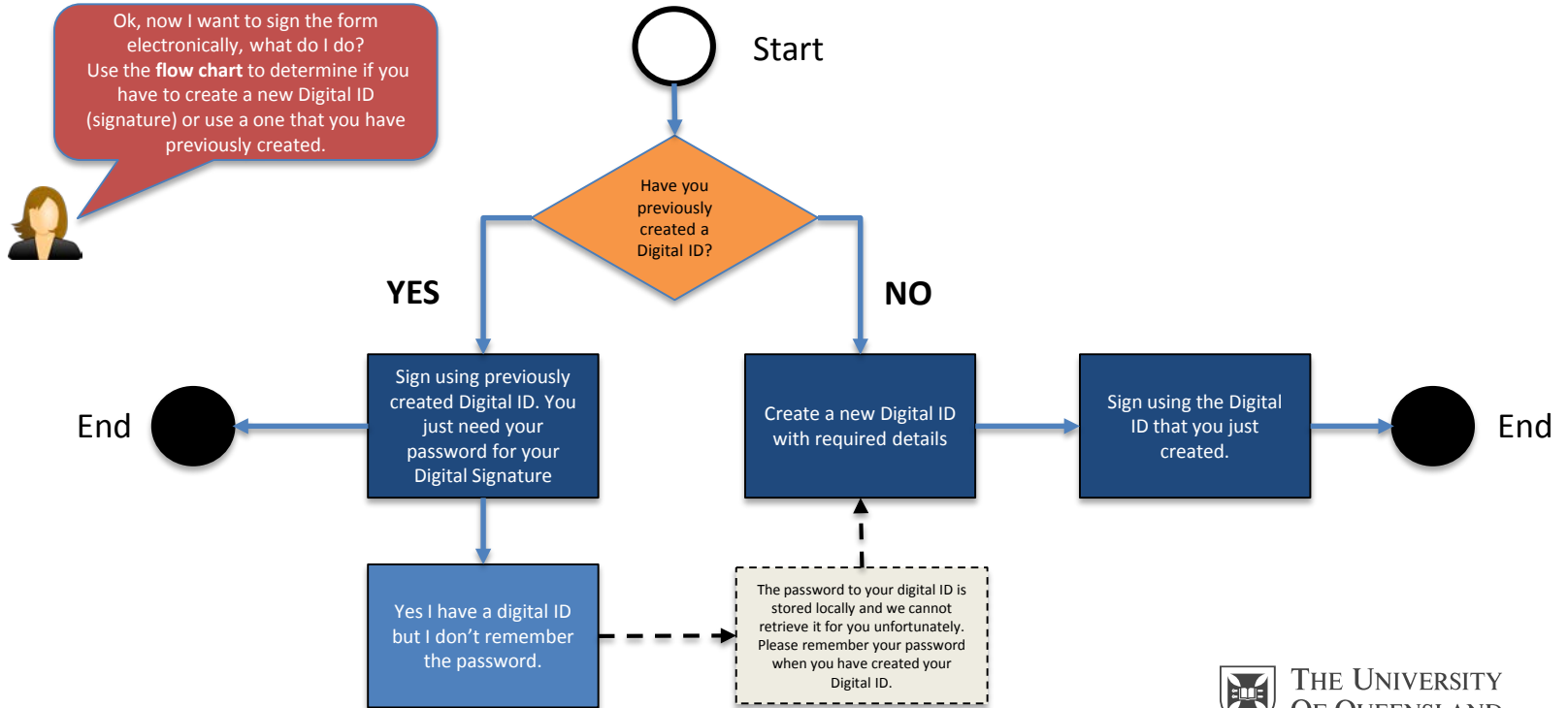
DATE DD/MM/YY	TIME		HOURS HH:MM	MEAL MONEY Y/N	COSTING GL CHART STRING - Enter if this is NOT the usual salary account for claimant				PAYROLL USE ONLY					
	FROM	TO			OP UNIT AND SITE	FUND & FUNCTION	PROJECT (optional)	FREE FORMAT TAG (optional)	OVERTIME HOURS				MEAL	
									1.0	1.5	2.0	SPEC		
TOTAL														

CLAIMANT'S SIGNATURE			SUPERVISOR'S SIGNATURE			PAYROLL USE ONLY	
FULL NAME	SIGNATURE	DATE	FULL NAME	SIGNATURE	DATE	PREPARED BY	CHECKED BY

IMPORTANT NOTE - Please note that the completed forms must be emailed to pproll@uq.edu.au by your Supervisor ONLY.

[SUBMIT REVIEWED FORM TO PAYROLL](#)

Digital Signatures Explained



Creating a new Digital ID and signing the form in Adobe Acrobat Reader Pro

CLAIMANT'S SIGNATURE		SUPERVISOR'S SIGNATURE	
FULL NAME	<input type="text"/>	FULL NAME	<input type="text"/>
SIGNATURE	<input type="text"/>	SIGNATURE	<input type="text"/>
DATE	<input type="text"/>	DATE	<input type="text"/>

1 Start. Click on the Electronic signature fields on the new Overtime Form

Digital ID Configuration Required

This signature field requires a digital signature identity.
Would you like to configure one now?

2 1. Click on "Configure Digital ID" to create your new electronic signature.

Select the destination of the new Digital ID

Digital IDs are typically issued by trusted providers that assure the validity of the identity. Self-signed Digital ID may not provide the same level of assurance and may not be accepted in some use cases. Consult with your recipients if this is an acceptable form of authentication.

Save to File
Save the Digital ID to a file in your computer

Save to Windows Certificate Store
Save the Digital ID to Windows Certificate Store to be shared with other applications.

4 3. Choose "Save to file" option.

Configure a Digital ID for signing

A Digital ID is required to create a digital signature. The most secure Digital ID are issued by trusted Certificate authorities and are based on secure devices like smart card or tokens. Some are based on files.

You can also create a new Digital ID, but they provide a low level of identity assurance.

Select the type of Digital ID:

- Use a Signature Creation Device
Configure a smart card or token connected to your computer
- Use a Digital ID from a file
Import an existing Digital ID that you have obtained as a file
- Create a new Digital ID
Create your self-signed Digital ID

3 2. Select the "Create a new Digital ID" option and click on "Continue".

5 Fill in Digital Identity details. Retain the Key Algorithm as 2048-bit RSA.

Create a self-signed Digital ID

Enter the identity information to be used for creating the self-signed Digital ID.

Digital IDs that are self-signed by individuals do not provide the assurance that the identity information is valid. For this reason they may not be accepted in some use cases.

Name: Timothy Dalton
Organizational Unit: MIS
Organization Name: Business Intelligence
Email Address: t.dalton@uq.edu.au
Country/Region: AU - AUSTRALIA
Key Algorithm: 2048-bit RSA
Use Digital ID for: Digital Signatures

6 Type in a password for your Digital ID. Remember this password, you will need it when you sign later. Click "Save" to save this signature.

Save the self-signed Digital ID to a file

Add a password to protect the private key of the Digital ID. You will need this password again to use the Digital ID for signing.

Save the Digital ID file in a known location so that you can copy or backup it.

Your Digital ID will be saved at the following location:
C:\Users\uqtdalton\AppData\Roaming\Adobe\Acrobat\

Apply a password to protect the Digital ID:

Confirm the password:

Signing using an existing Digital ID in Adobe Acrobat Reader Pro

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Sign with a Digital ID [Close]

Choose the Digital ID that you want to use for signing: [Refresh]

John Abraham (Digital ID file)
Issued by: John Abraham, Expires: 2022.04.18 [View Details]

1 This is a signature that was created previously

[?] [Configure New Digital ID] [Cancel] **2** [Continue]

1. Note that you already have created your electronic signature earlier.
2. Click **Continue**.

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Sign as "John Abraham" [Close]

Appearance: Standard Text [Create]

John Abraham Digitally signed by John Abraham
Date: 2017.04.19 14:23:35 +10'00'

Lock document after signing [View Certificate Details]

Review document content that may affect signing **3** [Review]

Enter the Digital ID PIN or Password... [Back] [Sign]

3. Enter the password for your Digital ID.

CLAIMANT'S SIGNATURE		SUPERVISOR'S SIGNATURE	
FULL NAME	John Abraham	FULL NAME	Digitally signed by John Abraham
SIGNATURE	John Abraham	SIGNATURE	Date: 2017.04.18 15:31:53 +10'00'
DATE	2017.04.18 15:31:53 +10'00'	DATE	

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- Form has been signed digitally. Save this document before emailing it.