Land Transport Authority

P. O Box 6677, Valelevu, Nasinu, Republic of Fiji Island
Phone: (679)339 2166 Fax: (679)339 5474
website: www.ltafiji.com

OVERTIME/MEAL/MILEAGE PRIOR APPROVAL FORM

Name:

Position:

Cost Centre

Please indicate applicable:

Overtime/TOIL: ☐

Meal: ☐ Mileage : ☐

Date Day		Overtime From	Overtime To	Total Hrs Overtime	Proposed OT Duties	Meal/Subsistence	Mileage
TOTAL OVERTIME HOURS						0	

Summary of Overtime

Rate 1:_____Hrs x $_____ = $_____

Rate 2:_____Hrs x $_____ = $_____

Claimant:_____

Checked by:_____

[Team Leader]

Recommended for (**Tick Below**)

(i) Payment : ☐ (ii)Time Off : ☐

Regional Manager/Manager:_____

Date: _____

General Manager [Approved / Not Approved] :_____

Date: _____

Time Off Entered in ESS: ☐

Manager Finance: _____

Date: _____

Note:

MF to cross check against available budget