**Annex No. 2**

**Request for wage claims for overtime work**

|  |  |
| --- | --- |
| Wage composition number | 201 |
| Order no. |  |
| Activity no. |  |
| Cost workplace |  |

|  |  |  |  |
| --- | --- | --- | --- |
| University personal no. (UČO) | Surname, name | Hours to be paid | Period |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Term of payment: with the wage for

Plaintiff: ……………………………..

(unless identical with the approver)

Approver (head of the department, workplace): …………………………………...

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*A record of pre-control check of expenditure prior to the occurrence of the liability under the relevant provisions of Act No. 320/2001 Coll., on Financial Control and Decree No. 416/2004 Coll., implementing the Act on Financial Control.*

|  |  |
| --- | --- |
| *Orderer of the operation:* | *Budget administrator:* |
| *Found deficiencies: See the Annex* | *Found deficiencies: See the Annex* |
| *Date:* | *Date:* |
| *Signature of the orderer of the operation:* | *Signature of the budget administrator:* |