

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.

<i>Orderer of the operation:</i>	<i>Budget administrator:</i>
<i>Found deficiencies: See the Annex</i>	<i>Found deficiencies: See the Annex</i>
<i>Date:</i>	<i>Date:</i>
<i>Signature of the orderer of the operation:</i>	<i>Signature of the budget administrator:</i>