

## Application for Salary Claims for Overtime Work

Wage unit number	201
Order number	
Activity number	
Work costs	

University ID number (UČO)	Surname, name	Hours to be paid	Period

Date of payment: with the salary for .....

Applicant: .....  
(if different from the approving person)

Approving person (Head of Department): .....

*Record of preliminary management control on of expenses prior to obligation commencing within the meaning of relevant provisions of Act No. 320/2001 Coll., on Financial Control, and Decree No. 416/2004, Coll., on implementation of the Act on Financial Control.*

<i>Transaction Originator:</i>	<i>Budget administrator:</i>
<i>Identified deficiencies: see annex</i>	<i>Identified deficiencies: see annex</i>
<i>On:</i>	<i>On:</i>
<i>Transaction Originator signature:</i>	<i>Budget administrator signature:</i>