INDIAN INSTITUTE OF TECHNOLOGY, ROORKEE
ROORKEE – 247 667

CLAIM FOR OVERTIME ALLOWANCE

Place	Date	Whether working Day/Holiday	Period (Time)		Actual Time worked (Hrs.)	Time Charged (Hrs.)	Maximum Hrs. Admissible

* After deducting one hour and the time which the official attended late or lunch as the case may be.

Certified that I, _____ (Name and Designation) was on duty for the period mentioned against each date above after Office hours/on Sunday/Holidays for official works.

My pay and allowances during the period are as under:-

Pay Rs. ....PM   Time charged.......... Hrs.

D.A. Rs.........................PM   Rate for OTA Rs. .... per hr.

Total : Rs.....................Hrs.   Total Rs ....

                                                     (Rs. ....)

Amount of OTA. Claimed Rs. .... (Rs. ....)
(Limited to 1/3 of monthly working hours or 100 hrs as the case may be)

Date: ....   **Signature of the Institute employee**

Deptt./Centre/Office..........................

Employee No................................   Designation........................

CERTIFICATE

Certified that:

(1) The Institute employee in whose case the overtime has been claimed in this bill was required under specific order to sit late in office after having put in work during prescribed hours attended office on .... (Saturday/ Sunday/Holiday) for disposal of urgent work which, in Institute interest could not be postponed till the next working day.

(2) The Institute employee's concerned did not receive any other remuneration/ conveyance charge or compensatory leave for the performance of the overtime work.

(3) The amount claimed in this bill is in accordance with the rates specified in the Institute Order No 08/2002 ON OVERTIME ALLOWANCE dated 20 August 2002 mutts mutants and is according to the principles laid down therein and does not exceed the ceiling of overtime earnings prescribed in these orders, necessary certificates having been obtained from the Officers concerned for payment of OTA to the 'personal Staff' in the excess of the prescribed ceiling.

(4) Justification
(To be filled by AR/DR/HOD)

Verified   Recommended   Approved

_____   _____   _____
AR/DR/O.C.   REGISTRAR/HOD   DIRECTOR/DY. DIRECTOR
                                                         (Competent Authority)

TO BE FILLED IN BY BILL SECTION

Sub Bill No.........................

Dated..............................

Total Hours Admissible.............................Hrs. (Details overleaf)

Rates per Hours: Rs................................

Amount of claim admitted & Payable Rs. ....

(Rupees..Only)

Clerk/Asstt. Supdt.   **Office Supdt.**   **AAO/FC**
Bill Section   **Bill Section**