

**Proforma for Claiming Overtime Allowance**

***Employee Bio-Matric Attendance Code:- \_\_\_\_\_***

Overtime duty allowance of Mr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Designation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, CIS-PS: \_\_\_\_\_\_\_\_\_, Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, for the month of \_\_\_\_\_\_\_\_\_\_\_, 201\_.

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| **Date** | **Job Description****In detail)** | **Time** **(in hours)** | **Total No. of Hours** | **Extra No. of Hours** | **Total Amount**  | **Initial of Incharge**  |
| **IN** | **OUT** |  |  |  |  |
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| **Date** | **Job Description****In detail)** | **Time** **(in hours)** | **Total No. of Hours** | **Extra No. of Hours** | **Total Amount**  | **Initial of Incharge**  |
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| **Total Amount:-**  |  |

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**(Signature of Employee)**

* Certified that the staff for which the overtime allowance has been claimed in this bill was actually on duty after the office hours on the dates shown above.
* Certified that the period for which overtime allowance has been claimed in this office bill has actually been checked with the initial record and found correct.

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**(Recommended by:-**

**Name & Designation**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approved by:-**