



COMSATS Internet Services
Internet you can trust

Performa Claiming Extra Duty Allowance (CIS-Admin-01) for Corporate Office / All Nodes

Name of Employee: _____ Node _____

Biometric Code: _____ Month of Duty: _____

Sr. No.	Date	Reason for Extra Duty	Time		No of Hours	Amount Rs.
			From	To		
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
Total Amount						

<p>Signed: _____ Employee</p>	<p>Date: _____</p>
<p>Recommended by: _____ Node Head / Department Head</p>	<p>Checked by: _____ Manager (Admin & HR)</p>
<p>Approved by: _____ Chief Executive Officer, CIS</p>	

Terms and Conditions for Claiming Extra Allowance: -

1. Node Heads / Department heads shall furnish justification and obtain prior approval, through E-mail, from the Chief Executive Officer, CIS, for calling officer/staff to attend duty on Saturday, Sunday or any closed holiday. CC of that E-mail shall be sent to Manager (Admin & HR) and General Manager (Accounts).
2. No staff will be detailed for duty on closed holidays for clearing his legitimate arrears of work.
3. The officer, directed to come to office on closed holidays, shall have to perform duty as per normal working hours from 09:00 am to 05:00 pm (8 Hours).
4. Employee shall have to sign in and sign out in biometric attendance system to become eligible for extra duty claim.
5. No conveyance charges will be admissible to the concerned staff for attending duties on closed holidays under this scheme.
6. Payment of extra duty allowance to an officer will be made by Accounts Department only on production of a signed form from the Node Incharge/ Head of concerned department to the effect that the concerned employee was detailed for duty with prior approval of Chief Executive Officer, CIS and he was actually on duty from 9:00 AM to 5:00 PM on the date mentioned by him.
7. Incomplete forms will be rejected without assigning any reasons.
8. Biometric code No. must be stated to avoid a delay in payment.
9. It is CIS policy that claims must be submitted on 10th of every month.

I hereby certify that the information above is true and accurate.

Signature of employee: _____ Date of Application: _____