**Performa for Claim of Over time for the montof\_\_\_\_\_\_\_\_\_\_\_\_\_2021**

**Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Section**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Employee: Basic Pay Rs.\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S.No** | **Date** | **Day** | **Time In**  **(As per official Timings e.g 08.00 A.M)** | **Time Out**  **(Actual Time out)** | **Extra Hours worked** | **Sign of Employee** |
| 1 | 26.04.2021 | Monday |  |  |  |  |
|  |  |  |  |  |  |  |
| Total Hours = | | | | | |  |

Superintendent Sectional Head/Head of Department

**Note:-**

1. Photocopy of relevant pages of Attendance register dully signed by Sectional Head/HoD must be submitted with overtime bill.
2. This format must be used for maintaining daily attendance record of each office as well.