

राष्ट्रीय प्रौद्योगिकी संस्थान, उत्तराखण्ड
NATIONAL INSTITUTE OF TECHNOLOGY, UTTARAKHAND

Ref. No. _____

Date: _____

REQUEST FOR OVERTIME ALLOWANCE

(Ref.: Finance Committee resolution vide agenda item no.FC 17.12 dated 29/03/2019)

Name: _____ Emp. Code: _____

Designation: _____ Matrix & Level: _____

Dept./Section: _____ Date of Joining: _____

DETAILS FOR OVERTIME ALLOWANCE								
S. No.	Date	Day	* Time		Total OTA Hours	OTA Rate	Total Amount	**Approved/ Not approved
			In	Out				
1.						₹	₹	
2.						₹	₹	
3.						₹	₹	
4.						₹	₹	
5.						₹	₹	
6.						₹	₹	
7.						₹	₹	
8.						₹	₹	
9.						₹	₹	
10.						₹	₹	
11.						₹	₹	
12.						₹	₹	
TOTAL						₹	₹	

* Enclose the Bio-Matric Attendance record. ** Approval of the Section Head/HoD/Coordinator.

The total amount of ₹ _____ may please be approved. I further declare that I have attended the office on the above mentioned dates and performed the assigned duties on the direction of Section Head/HoD/Coordinator.

Forwarded to Establishment

Signature of Employee

Counter Signature of the Section Head/HoD/Coordinator

FOR OFFICE USE ONLY

1. Claimed amount : _____
2. Claim admissible : _____

Junior Assistant (Estt.)

Superintendent (Estt.)

Asstt./Dy. Registrar (Estt.)

Jr. Assistant (A/cs.)

Superintendent (A/cs.)

Asstt./Dy. Registrar (A/cs.)

NOTE: Account Section shall forward photocopy of this form to Establishment Section for keeping the record in the respective file.