

NATIONAL HIGHWAY AUTHORITY
Admn Wing (Personnel)

OVERTIME CLAIM FORM

Name _____ Father Name _____

Designation _____ BS _____

Wing/Section _____ Month _____

Nature of Appointment:

Regular	Contract	Deputation

Rate of pay Rs. _____ Signature of employee _____

Date	Overtime Working		Total Hours	Amounting (Rs)	Date	Overtime Working		Total Hours	Amounting (Rs)
	Form	To				Form	To		
1					17				
2					18				
3					19				
4					20				
5					21				
6					22				
7					23				
8					24				
9					25				
10					26				
11					27				
12					28				
13					29				
14					30				
15					31				
16									
Total Carried Forward					Grand Total				

It is certified that Mr./Mrs. _____ presently working under me has worked overtime in connection with official job on the dates mentioned.

HEAD OF SECTION

Signature _____

Name _____

Designation _____

Date _____

COUNTER SIGNED

Claim _____ Date _____ Passed for _____

(Accountant)

(Auditor Officer)