

**IIPS EXTRA WORK ALLOWANCE CLAIM FORM**

NAME : \_\_\_\_\_  
 DESIGNATION : \_\_\_\_\_  
 WEEKLY OFF : \_\_\_\_\_  
 NORMAL DUTY HRS. : \_\_\_\_\_

DATE	NATURE OF WORK	DATE OF APPR-OVAL	TIME WORKED		TOTAL EXTRA HRS. WORKED	FOR OFFICE USE ONLY			
			FROM	TO		Less LUNCH 1/2 HR.	NET EXTRA WORK	RATE PER HR.	AMT. ADMI-SSIBLE

Certified that I, \_\_\_\_\_ was on duty for the period mentioned against each date, above, before/after office hours/on Saturdays/Sundays/Closed Holidays for performing Office work and the necessary approval obtained for this purpose from the Director is attached herewith.

My pay & allowance during the period are as follows:

Pay \_\_\_\_\_ DA \_\_\_\_\_ CCA \_\_\_\_\_ TOTAL \_\_\_\_\_

Station : Mumbai

Date :

\_\_\_\_\_  
Signature of the Incumbent

Certified that the extra hours of work performed by the individual concerned was indispensable in the interest of the IIPS, Mumbai. It was not possible to grant Compensatory leave in lieu in the extra work performed on Saturdays/Sundays/Holidays/before or after office hours.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of the  
Recommending Authority