

IIPS EXTRA WORK ALLOWANCE CLAIM FORM

NAME : _____
DESIGNATION : _____
WEEKLY OFF : _____
NORMAL DUTY HRS.: _____

DATE	NATURE OF WORK	DATE OF APPROVAL	TIME WORKED		TOTAL EXTRA HRS. WORKED	FOR OFFICE USE ONLY			
			FROM	TO		Less LUNCH 1/2 HR.	NET EXTRA WORK	RATE PER HR.	AMT. ADMISSIBLE

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 ` _____ Gr. PAY ` _____ DA ` _____ 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