

ANNEXURE 1

FORM OF CLAIM FOR OVERTIME ALLOWANCE

| Date | Whether Working Day or Holiday | Period From To | Actual Time Charged | Time charged after deducting One hour and the time by which the official attended office late or lunch, as the case may be | Rate per Hour | Amount Claimed |
|------|--------------------------------|----------------|---------------------|--|---------------|----------------|
|      |                                |                |                     |  |               |                |

PTO

I, ..... (Name and Designation) was on duty mentioned against each date above after office hours / holidays for official works. My pay and allowances are as under--

.....DA Rs.....CCA Rs.....

..... Amount of OTA claimed Rs. ....

.....

[Which is corresponding to OTA payable for 1/3<sup>rd</sup> of monthly working hours]

Signature of the Government servant  
Designation

### Certificate

1. Certified that ..... did not receive any other remuneration, conveyance charges or compensator leaves for performing overtime work.
2. Certified that ..... by whom overtime allowances are claimed above have actually entitled by working overtime.
3. The work for which the employee had to sit/work late (beyond the duty hours) was of very urgent nature and could not be postponed till the next working day.
4. The periods for which overtime allowances are claimed in this bill have been checked with the initial records and found correct.

Recommended by

1. The necessary entry has been made in OTA Register at Page No. .... on .....
2. Certified that the amount claimed in this bill does not exceed the Ceiling of overtime earnings prescribed in OTA rules and circulars issued by Govt. from time to time.
3. Overtime allowances are claimed at rates sanctioned by competent Authority.

H.O.O

- (A) The overtime allowances have been taken into account in calculating the income tax due from the Government servant, noted in this bill.

D.O.O