

NATIONAL INSTITUTE OF FUNDAMENTAL STUDIES

OVERTIME CLAIM FOR 20

Dept Division
 Name Designation
 Consolidated Salary Rs Rate per hours Rs

WORK PERFORMANCE

Date	TIME		Description of work done	No. of Hrs O.T.	Initials of Supervisor
	From	TO			

.....

Signature Applicant Date
 Payment of hours O/T recommended Signature and Date of Supervisor
 Arrival/ Departure Time Checked with Attendance register Admin Clark
 Payment of Rsfor Hours Approved
 Date 20..... Director / Secretary Accountant