

REVISED FORM FOR CLAIM OF OVERTIME ALLOWANCE BY GAZETTED/NON-GAZETTED STAFF

Name & Designation of the Claimant.....

Status of Official i.e. Gazetted / Non-Gazetted.....

Officer/Section to which attached.....

Pay (Basic+ Special+ Personal Pay, if any) of the claimant (as defined in FR-9) Rs.....

Emoluments (Pay + DA + CCA) of the claimant Rs.....

Maximum OTA hours admissible (as per Specific or General Orders, as the case may be) during the month

Maximum amount of OTA admissible during the month.....

Date	Time of Arrival	Time of Departure	Total Duty Hours	Total Overtime Duty Hours	No. of hours deducted from total Overtime Duty hours	Overtime duty hours charged after deducting one hour of free work and the time by which the official attended office late or lunch, as the case may be	Rate of OTA per hour	Amount of OTA claimed
1	2	3	4	5	6	7	8	9
Total								

Certified that I, (Name & Designation) was on duty for the period mentioned against each date above beyond office hours for official work. Necessary entries with regard to overtime duty performed as mentioned above has been made in the OTA register vide page no.....

Amount of OTA claimed Rs.()

Signature of the Claimant

CERTIFICATE

Certified that the Government Servant/Government Servants in whose case the overtime allowance has been claimed in this bill was/were required under specific orders to sit late in office after having put in work during prescribed hours on for disposal of urgent work which, in public interest, could not be postponed till the next working day.

Certified that the amount claimed in this bill is in accordance with the rates specified in paragraph 7 of the Government of India, Ministry of Finance (Department of Expenditure's) Office Memorandum No. 15011/2/EII(B)/76, dated the 11th August, 1976, as modified by OM No. 15012/3/86-Estt. (Allowances), dated the 19th March, 1991, and is according to the principles laid down therein and does not exceed the ceiling of overtime earnings prescribed in those orders, necessary certificate having been obtained from the officers concerned for payment of overtime allowance to the Personal Staff in excess of the prescribed ceiling.

Also certified that the Government Servant(s) concerned did not receive any other remuneration/conveyance charge or compensatory leave for the performance of that overtime work. Time of arrival and departure has been verified from the relevant records. All the entries have been checked and found correct by the undersigned.

Signature of Controlling Officer