



## OVER TIME CLAIM FORM

LOCATION: \_\_\_\_\_

DATE OF FORM SUBMISSION: \_\_\_\_\_

| TEAM MEMBER DETAILS |    |      |             | SHIFT INFORMATION      |         |      | OVER TIME<br>(Mention Time) |    | TOTAL CLAIMED HOURS |
|---------------------|----|------|-------------|------------------------|---------|------|-----------------------------|----|---------------------|
| Sr.                 | ID | Name | Designation | SCHEDULED Shift Timing | Day Off | Date | From                        | To |                     |
|                     |    |      |             |                        |         |      |                             |    |                     |
|                     |    |      |             |                        |         |      |                             |    |                     |
|                     |    |      |             |                        |         |      |                             |    |                     |
|                     |    |      |             |                        |         |      |                             |    |                     |
|                     |    |      |             |                        |         |      |                             |    |                     |
|                     |    |      |             |                        |         |      |                             |    |                     |
|                     |    |      |             |                        |         |      |                             |    |                     |
|                     |    |      |             |                        |         |      |                             |    |                     |
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|                     |    |      |             |                        |         |      |                             |    |                     |
|                     |    |      |             |                        |         |      |                             |    |                     |
|                     |    |      |             |                        |         |      |                             |    |                     |
|                     |    |      |             |                        |         |      |                             |    |                     |
|                     |    |      |             |                        |         |      |                             |    |                     |
|                     |    |      |             |                        |         |      |                             |    |                     |

**Reason for Overtime in Brief:**

\_\_\_\_\_

\_\_\_\_\_

**Signatures:**

\_\_\_\_\_  
**Employee**  
Date: .....

\_\_\_\_\_  
**Head of Department**  
Date: .....

\_\_\_\_\_  
**Admin Manager**  
Date: .....

\_\_\_\_\_  
**Head of Human Resources**  
Date: .....

**NOTE:**

1. Incase of unjustified/fake claim, deductions from salary will be made accordingly.
2. Signatures of HOD are mandatory before submitting form.
3. Incomplete Forms will not be considered for claim
4. Don't forget to submit this Claim Form right after completion of your duty within 48 hours.
5. Over Time Claim Forms received after 24 Hours of completion will not be entertained.
6. HOD will justify reason for overtime.