



भारतीय प्रौद्योगिकी संस्थान कानपुर
INDIAN INSTITUTE OF TECHNOLOGY KANPUR
प्रशासन विभाग

ADMINISTRATION SECTION

No. Estt./Allowance-OO/2015/IITK/739
Date : July 30, 2015

OFFICE ORDER

Subject : Formats for claiming overtime allowance.

Reference :

- i). Office Order No. DIR/IITK/OO/256
dated August 22, 2008 issued by Deputy Director**
- ii). Office Order No. DIR/IITK/OO/224
dated July 09, 2008 issued by Director**

Reference is invited to the office orders cited above vide which broad guidelines pertaining to methodology for authorization and disbursement of overtime were circulated to all concerned. It has, however, been observed that presently various formats for claiming overtime allowance are being used by different Departments/Sections of the Institute which causes avoidable inconveniences at all levels.

2. In order to streamline the periodicity for claiming the overtime allowance as also the formats to be used at different levels, following guidelines are prescribed at appropriate level for compliance by all concerned:-

- (a) Claim for overtime allowance may be preferred by concerned individuals at the end of month and may be submitted on the format attached as '**Annexure -1**' to this Office Order for verification by his/her Officer-In-Charge.
- (b) On receipt of the claims from all individuals, a month-wise consolidated claim may be prepared by the concerned department/section as per '**Annexure-2**' of this Office Order. This format may be signed by both, the Officer-In-Charge and the HOD/HOS.

- (c) The consolidated claim as per '**Annexure-2**' alongwith '**Annexure-1**' (all in original) may be forwarded to Administration Section quarterly by 15th of the month following the quarter, beyond which the overtime claims will lapse and will not be entertained alongwith future claims, if any. For example, claims for first quarter from January to March may be submitted by 15th of April positively, failing which the claim would be treated as lapsed.
- (d) All quarterly claims received by Administration Section shall be processed and put up to the Institute Allowance Committee for its review and approval. Thereafter, the claims would be paid by Accounts Section as per approval given by the aforesaid Committee.
3. All concerned are requested to note the above and comply with the procedure mentioned above.

Chaturvedi 28/7/15

A K Chaturvedi
Deputy Director

To,

All HoDs / HoSs

Copy to :

1. Director - for kind information please.
2. All Deans
3. Finance Officer
4. Prof.-In-Charge (Administration)
5. Deputy Registrar (Admin.)
6. Deputy Registrar (F&A)
7. Web Master

ANNEXURE-1

(Refers to Office Order No.
Estt./Allowance-OO/2015/IITK/739
dated 30.07.2015)

INDIAN INSTITUTE OF TECHNOLOGY KANPUR

Claim for Overtime Allowance for the month of

(Department/Section to retain a copy of this completed and signed form in an Overtime Allowance file maintained for this purpose)

Name of the Department/Section : _____
Name of the employee : _____
Designation : _____ PF No. : _____
Pay Band : _____ Grade Pay : _____
Work allotted to the employee in the Department/Section: _____

Details of the overtime work performed :-

Date	Day	Over Time actually performed		Total Hrs. of overtime eligible for overtime allowance	Description of the work done
		From (hrs.)	To (hrs.)		

I certify that I am claiming Over Time Allowance (OTA) as per the norms mentioned in Office Order No. Estt./Allowance-OO/2015/IITK/739 dated 30.07.2015 and all office orders referred to in the same. I also certify that I have not claimed OTA for the above earlier and have not received any remuneration from any other source in respect of the work mentioned above.

Signature of the claimant

Verified

Officer-In-Charge

ANNEXURE-2

(Refers to Office Order No.
Estt./Allowance-OO/2015/IITK/739
dated 30.07.2015)

INDIAN INSTITUTE OF TECHNOLOGY KANPUR

Recommendation for Grant of Overtime Allowance for the month of _____ 20____

(A copy of this completed and signed form to be retained in the Office of the HoD/HoS in an Overtime Allowance file maintained for this purpose)

Name of the Department/Section : _____

SI No.	Particulars of Employee(s)			Current Grade Pay	No. of Overtime hours recommended for overtime allowance
	PF No.	Name	Designation		

I/we confirm that the number of overtime hours has been mentioned above after deduction of one hour as free duty and also the actual time taken for lunch break, as mentioned in the Office Order No. DIR/IITK/OO/256 dated 22.8.2008. It is also confirmed that the claim for a month in respect of the staff members mentioned above do not exceed one-third of the monthly working hours, and also that no other compensation like conveyance charges, refreshments etc. has been provided to the staff members during the overtime hours.

Signature of Officer-In-Charge with date

Signature of Head of Department/Section with date