CSIR - CROPS RESEARCH INSTITUTE

Project Name: …….

OVERTIME CLAIMS FORM

Name: ……...

Division / Section / Project: …….

Hereby certify that I have done work during the Month of: …….

In respect of: …… Project Code: ……

The details of which are shown below and request to be paid accordingly.

DATE	TIME		DURATION IN	HOURS	ACTUAL	REMARKS
	FROM	***TO***	**ORD. DAYS**	**WEEKENDS/ HOLIDAYS**		

1. ……..
Officer making claims

Date: …….

2. Certified Correct by

……..
Supervisor

Date: ……..

3. Authorised by:

……
Head of Division/
Project Co-ordinator

4. Approved for Payment

……..
Director

Date: ……

ACCOUNTS OFFICE ENTRIES

A. **1.** Salary/Wage per month ¢…….

2. Salary/Wage per day ¢…….

3. Salary/Wage per hour ¢…….

B. Total Hours: ……

Ordinary days: …… x 1.5 = ……..

Weekends/holidays: …… x 2 = ……..

Total Hours Due =

1. Multiply by Salary/Wage per hr. x Total hours ……
2. Add: Basic Taxable Pay (Basics – 5% s.s.f) ……
3. Gross Amount ……
4. Tax on gross Amount ……
5. Less: tax already suffered ……
6. Net Tax ……

Net Claim Payable (1-6) ……

	Initial	Date
Prepared by: ……		……
Checked by: ……..		……
Passed for payment by: …….		……
Examined by: ……		……

Received this ……. day …….

The sum of ……

……

Signature of Receiver