

Form 11

(Prescribed under Rule 94)

Overtime Muster Roll for Exempted Workers

Name of the Worker Designation Department Ticket No.

Serial number in register of exempted workers.....

Week		Date on which overtime worked	Normal hours worked on the day	Time of starting overtime	Time of finishing overtime	Overtime worked per day
From	to					
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Overtime worked during the week	Normal rate of pay	Double rate of pay	Overtime earnings paid	Signature of the workers		
(8)	(9)	(10)	(11)	(12)		

N.B. One page to be allotted to each exempted worker.