I.T.C. SERVICES OVERTIME AND SHIFT CLAIMS

Name……..**EDP NO**…….**MONTH**……..…

SALARY……...**POST**……..**YEAR**……..…...

DATE	HOURS WORKED	RI	RII	REMARKS	MEAL
TOTAL					

CERTIFIED CORRECT

AUTHORISING OFFICER **OFFICER IN CHARGE**

…… ……..…….

MANAGER, ITC SERVICES **TEAM LEADER**

EXECUTIVE OFFICER: TOTAL RATE I = ……

TOTAL RATE II = ……

TOTAL SHIFT = ……