

FORM 5

[See Rule 39]

Register for Overtime

Sl. No.	Name of building worker	Father's/ Husband's name	Sex	Degisnation/ Nature of Employment	Date on which overtime worked
1	2	3	4	5	6

Total hours of overtime worked or production in case of piece rated	Normal rates of wages	Overtime rate of wages	Overtime earnings	Date on which overtime wages paid	Remarks
7	8	9	10	11	12