FORM NO. 13

(Prescribed under rule 85)

Overtime register for exempted workers

Name OF Establishment :-

Month :-

Address Of Establishment :-

S.No.	Serial number in the register of adult workers .	Name of exempted worker	Department	Normal hours of work prescribed		Overtime worked.			Total over time hours.	Normal rate of pay		Overtime rate of pay		'Earning during the month'			Date on which overtime payment made.
				Daily	Weekly	Date	Additional production for piece rate worker	Hours		Per hour	Per piece	Per hour	Per piece	Normal	Over time	Total (col. 15 + col.16)	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18

All Forms Available at : www.radhehealthcare.com