

FORM No. 10
(Prescribed Under Rule 85)
Overtime Muster roll for exempted workers
Month ending

	No. of registered
	Name
	Department
	Date of which overtime
	Extent of overtime
	Total overtime worked
	Normal hrs
	Normal rate of
	Over time
	Normal earning
	Over time earning
	(cash equivalent of advantage
	Total earnings
	Dates on which over time