|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

**JUIT, WAKNAGHAT**

Compensatory Off Approval Form Dated:

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Code** |  | **Employee Name** |  |
| **Department** |  | **Designation** |  |

|  |
| --- |
| **COMPENSATORY OFF / TIME HOURS EARNED** |
| **Dates****Worked** | **Hours Worked****From To** | **Description of Work** | **Total****Hours** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **I certify that I have worked on the above-listed dates and times, and I opt for the grant of****EL CL (Please tick your option)****in lieu of one on one basis (The employee must avail this within two months after which it will please lapse).****Employee’s Signature Date****Number of Compensatory Leave(s) Recommended by HoD****Signature of HoD Date****Number of Compensatory Leave(s) Recommended by HR****Signature of HR Date** |
|  | **Approval of VC** | **Signature with Date** |  |  |