



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		