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

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

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

**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** | | |  | |  |