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NATIONAL INSTITUTE OF TECHNOLOGY, UTTARAKHAND

Ref. No. _____

Date: _____

Application for COMPENSATORY LEAVE

1. Name : _____
2. Designation : _____
3. Department/Section : _____
4. Employee Code and Pay Matrix : _____ & _____
5. Dates & day of extra work * : _____
6. No. of days leave required with date : From _____ To _____ /on _____ Total: _____
7. Prefixed/Suffixed : Prefixed: _____ Suffixed: _____ Total: _____
8. Station Leave required : From _____ To _____ Total days = _____
9. Reason for Leave : _____
10. Complete address during leave with mobile no. : _____
11. Alternate arrangements for Administration work:

S.No.	Name of employee	Assigned duties	Pending/routine work	Signature

Signature of employee

FOR OFFICE USE ONLY

- a) Cumulative total of Compensatory Leave : _____ Day(s)
- b) Compensatory Leave taken now : _____ Day(s)
- c) Total Compensatory Leave (a+b) : _____ Day(s)

Dealing Assistant

Superintendent/Technical Asstt.

Approved Not Approved

Counter Signature of HoD/Section Head/Incharge
*(Kindly enclose copy of prior obtained approval from Registrar/Director)

To,
The Registrar Office