jk"Vªh; ikS|ksfxdh laLFkku] mRrjk[k.M
NATIONAL INSTITUTE OF TECHNOLOGY, UTTARAKHAND

Ref. No._____   *Date:_____*

Application for <u>COMPENSATORY LEAVE</u>

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

I am aware that Compensatory Leave is admissible maximum within the same calendar month in compliance to the Institute Office Order No.A-1036 dated 27/02/2014 and as per CCS (Leave) Rules, 1972.

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 Assstant   **Superintendent/Technical Asstt.**

I am aware that Compensatory Leave is admissible maximum within the same calendar month in compliance to the Institute Office Order No.A-1036 dated 27/02/2014 and as per CCS (Leave) Rules, 1972.

☐ Approved   ☐ Not Approved

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

To
The Registrar Office