

FORM FOR ADVANCE APPROVAL OF EXTRA HOURS OF WORKS FOR MONETARY COMPANSATION
 Ref Office Order No.RO/Admn/99 dated 14.5.1999

Details of extra hours of work required to be performed by Group 'C' & 'D' employees

Section _____

Date _____

Sl. No.	Name of the employees	Designation	Date	Normal working Hours		Minimum Extra Hours Required		Total hours Column No.6
				From	To	From	To	
(1)	(2)	(3)	(4)	(5)		(6)		(7)

3. Detailed justification & purpose for which extra hours required as per column No.7

4. Why can't compensatory off be granted by you? _____

5. Do you recommend monitory compensation & if so why? _____

6. Budget Head _____

Date: _____

Signature of Section Head

Recommendation of the Dept. Head

Date: _____

SIGNATURE

Forwarded for orders of Registrar

Date

REGISTRAR