



**G L BAJAJ GROUP OF INSTITUTIONS**  
MATHURA (UTTAR PRADESH)

**PERFORMA FOR COMPENSATORY OFF**

Date \_\_\_\_\_

Name of Employee \_\_\_\_\_ Deptt \_\_\_\_\_

Designation \_\_\_\_\_

Date of Duty \_\_\_\_\_ Timings \_\_\_\_\_ to \_\_\_\_\_

Venue of Duty \_\_\_\_\_

Purpose \_\_\_\_\_

\_\_\_\_\_

Duty Assigned By	Recommended By
Name _____	Name _____
Designation _____	Designation _____
Signature _____	Signature _____

Declaration	Approved By
I, _____ hereby declare that I have completed the assigned duty on _____ at the venue specified above. Therefore, you are requested to kindly grant me _____ day as Compensatory Leave in lieu of working on Holiday / S	Remarks _____ _____ _____
Date: _____ (Sign of applicant)	(Approving Auth.)



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