**C.L/R.H/Compensatory Off Register to be maintained by the HoD/HoS/Controlling Officers of GKCIET, Malda**

 Name of the Employee :…………………………………………………………...

 Designation :…………………………………………………………...

 Department :…………………………………………………………...

 For the Year :……………………………………………………………

CASUAL LEAVE

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| S. N. | Date | No. of days applied/availed in …………… | Prefix | Suffix | No. of days’ balance in year ….........  | Remarks | Signature of HoD/HoS |
| From | To |
|  |  |  |  |  |  |  |  |  |

RESTRICTED HOLIDAYS (maximum 2 days in a calendar year)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| S. N. | Date | No. of days applied/availed in …………… | Prefix | Suffix | No. of days’ balance in year ….........  | Remarks | Signature of HoD/HoS |
| From | To |
|  |  |  |  |  |  |  |  |  |

COMPENSATORY OFF

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S.N. | Date on which the additional work is performed | Hours of duty | Date on which Compensatory Off is granted | Date on which the leave is availed |
| From | To |
|  |  |  |  |  |  |