

PROFORMA FOR OBTAINING SANCTION FOR PERFORMING  
**OVERTIME WORK FOR COMPENSATORY LEAVE**  
TO BE FILLED SEPARATELY FOR EACH STAFF MEMBER IN ADVANCE

1. Name of Officer recommending overtime
  
2. Name of the staff member with designation deputed.
  
3. Date and time
  
4. Nature of urgent work proposed to be completed

The above staff member is required to attend office on the date and time noted above. He/She may be permitted to perform the overtime duty.

Certified that the above work is of urgent nature and cannot be postponed to the next working day. Compensatory leave in lieu of performing overtime work on..... (holidays) may be approved.

Signature of the staff member in token of acceptance to perform overtime work.

Name	Designation	Signature
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Member Secretary may kindly approve.

( Signature )  
Name & Designation of Officer

MEMBER SECRETARY

***PERFORMANCE REPORT***

Certified that the work on overtime for.....hours, (excluding one free hour after office hours on working days and half hour (lunch break) on holiday as per rule) has been completed satisfactorily. Compensatory leave for the .....dates may be approved.

(Signature)  
Name & designation of Officer

MEMBER SECRETARY