

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

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