

SANCTION-CUM - APPLICATION FORM FOR AVAILING COMPENSATORY OFF
(TO BE AVAILED WITHIN - 03 MONTHS)

Date: 10-02-2026

Employee Code: QPX003

Name of Employee: ALKA Singh

Designation: HR Executive **Dept:** HR Department

Location: _____ **Shift:** Morning

Name of HOD: _____

Date & time of extra working done on Holiday / W OFF: 06-02-2026 - Holiday (gfeufgefki)

Reason of Extra Working: 888

Signature of Applicant	Signature of Approver with Name	HR Approval
_____	_____	_____

C OFF avail Date _____

Signature of Applicant	Signature of Approver with Name	HR Approval
_____	_____	_____

Note:

1. Only 4 C-Off can used in a single month.
2. Use separate form for each C-Off.
3. This form duly approved by the sanctioning authority should be given to HR Department.