GOVERNMENT POLYTECHNIC COLLEGE, ADOOR

**Application for Compensation Leave**

1. Name **:**

2 .Designation  **:**

3 .No. of Compensation Leave now Required **:**  ………. DAY

4 .Period for which Compensation Leave is required **:** on ………

5 .Reason for compensation Leave  **:**

6. No. of days of Compensation Leave already availed.  **:**  ……….. Days

7. Day & Date of holiday duty attended **:**

8 Nature &.Purpose of holiday duty  **:**

 9 .Signature of the applicant **with date.** **:**

10 .Recommendation& remarks of the HOS/ : …..day compensation leave may be sanctioned on………..

 W/S Supdt./Sr.Supdt instead of……day duty attended on……………………

 ………………………………………………………………………………………………………………………………………………………………….

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 11. No of days of Compensation Leave : …………days

 availed in current calendar Year 20….

 12 .Orders of the Sanctioning Authority : …..day, compensation leave sanctioned on… - .- 20

 instead of….…day, duty attended on ………20…..

 PRINCIPAL