

Overtime Compensatory Leave Form

Employee Details			
Employee Name	ANEESHUMAR ANIRUDHAN	Position	Service Technician
Employee No.	3154	Department	Biomedical

Overtime Details

Date	Time From	Time To	Work Description	Location of Work	Hours Approved	Work reference number (service report number)
01/12/2022	08:00AM	05:00PM	Project	DIC-JAETC	9	
02/12/2022	08:00AM	05:00PM	Project	DIC-JAETC	9	
01/01/2023	08:00AM	05:00PM	Project	DIC-JAETC	9	
Total No. of Hours					18	

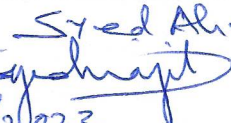
Compensatory Leave Details		
Start Date	End Date	No. of Days
01/05/2023	03/05/2023	3

NOTE: Compensatory time off shall be utilized by the employee within the same calendar year otherwise it will be cancelled and not compensated for, nor carried forward.

I hereby certify that the time reported above represents a true statement.

Employee Signature: 

Date: 03/01/2023

Approved By	
Reporting Manager  Signature Date: 3/01/2023 Comments:	Head of Department Signature Date: Comments: