



**Gourmet Popcornica LLP,  
NO:- SP-124,Ambattur First Main Road,Ambattur,Chennai-58**

**Compansatory Off Application Form**

Date:		Time	Hrs	Sl. No.	
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Name of the Employee					
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Employee No.		Department			
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Designation:		Compansatory Off			
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Worked On	Date	No of Hours	C-Off On	Date	No of Hours
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No. of Days					
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Reason					
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**Signature of Employee**

**Signature of HOD**

**Administration  
(Official Use)**