



Eastern University

Application for work on holidays/off-days

Name : _____

Employee ID :

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Designation _____

Date:

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Department : _____

Date: _____

Time in :

Estimated

Time out :

Estimated

Total time:

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hr.

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min.

Reason for additional work, and work plan in details

Recomended by

Signature of the Applicant

Signature of the Department Head / Superior

Approved by

Vice Chancellor/ Registrar

N.B.: The form, duly filled up, is to be submitted to the HR, at least 2 (two) days before attending office on holiday