



COMPENSATORY OFF APPLICATION

To,
The HR Department,
PIX Transmissions Ltd.
J-7 M.I.D.C, Hingna Road,
Nagpur- 440016

Date:

Subject: Compensatory Off

I HAVE WORKED ON [Date]..... FROM [Time] TO

FOR THE JOB OF

KINDLY CONSIDER THE ABOVE WORKING HOURS FOR THE CALCULATION OF EXTRA DUTY.

NAME OF EMPLOYEE:

SIGNATURE OF EMPLOYEE

DEPARTMENT:

REMARKS OF HOD

RECOMMENDED / NOT RECOMMENDED

SIGNATURE