Ref: Info/HR/21		Leave Application Form					INFONET A Dataful Life	
Employee Name :				Emp No :				
Designation :				Department :				
Location:				Req Date:				
			Leave Requ	uest d	etail			
Type of leave	From (dd/ mm/ yy)		To (dd/ mm/ yy)		No. of days Leave Taken			Purpose
Applicant's signature :		Approved by Dept. Head :			Endorsed by Human Resources Department :			

Date:

1. Employees at HO should submit leave form to HR Department prior to travel or the very next day of the travel. Else it will be considered as absent.

Date:

- 2. Employee located at Branch should submit the leave form on weekly basis through their BM to HO HR Department.
- 3. Employee should mandatorily mention the type of leave availed (CL/ SL/EL/LOP/ML/MRL)

Date:

4. It is the sole responsibility of the employee to make sure that after approval it should reach HR Dept

Ref: Info/HR/23	Permission Re	equest Form	INFONET A Dataful Life			
Employee Name:		Emp No:				
Designation:		Department:				
Location:		Req Date:				
<u>Permission</u>						
∐ To g	o early 🔲 In Office hou	rs				
Duration: hrs Timing: - F		From To				
Reason:						
Applicant's signature : Approved by		t. Head : Endorsed by Department	Human Resources :			
Date :	Date :	Date:	Date:			

- 1. This permit should be used **one time only** and for the **purpose it is stated for**.
- 2. It is the sole responsibility of the employee to make sure that after approval it should reach HR Dept.

Ref: Info/HR/22		On duty Red	quest Form	1	INFONET [™] A Dataful Life	
Employee Name			Emp No			
Designation			Department			
Location:			Req Date:			
	On Duty Details					
☐ Full day	ay From Time		to			
Purpose of Visit						
Place of Visit						
Applicant's signatur	ature: Approved by Dep		. Head :	Endorsed by H Department :	uman Resources	
Date:				Date:		

- 1. Employee at HO should submit on duty form to HR Department prior to travel or the very next day of the travel. Else it will be considered as absent.
- 2. Employee located at Branch should submit the on duty form on weekly basis through their BM to HO HR Department.
- 3. It is the sole responsibility of the employee to make sure that after approval it should reach HR Dept.

Ref: Info/HR	/24		Over Time Request Form				m	INFONET A Dataful Life
Employee Name :				Emp No :				
Designation :			Department :			nt:		
Location :			Month:					
			Over	Tim	e Detail	S		
Date	Start	Time	End Time	Tot	al Hrs	Pu	rpose	Result
							-	
Applicant's si	~ ~ ~ +		Approved by	Dont	. Ilood i		Endorsed by Hum	an Dosquirans
Applicant's signature :		Approved by Dept. Head :			Endorsed by Human Resources Department:			
							,	
Date :		Date :			Date :			

- 1. Employee should fill the form and submit the same with proper approval from reporting manager.
- 2. If employee working on holidays can claim compensatory off and should not claim OT.

Ref: Info/HR/25	Compensatory Off Leave Request Form		INFONET TABLE A Dateful Life		
Employee Name :		Emp No :			
Designation :		Department :			
Location :		Req Date:			
Comp Off detail					

Leave Availing Worked Date Date		Working Time (In – Out)	Purpose for Working assigned

Applicant's signature :	Approved by Dept. Head :	Endorsed by Human Resources Department :
Date :	Date :	Date :

- 1. Compensatory off leave need to be availed within 30 days from the date the employee attended the duty.
- 2. Compensatory Off leave can be availed only for Future leave days.
- 3. The employees need to submit the CO in request against the previously worked day for availing the CO.
- 4. It is the sole responsibility of the employee to make sure that after approval it should reach HR Dept