

Extended Working Hours Compensation Approval Form

(For Site Staff)

Project Name:			
Site Location:			
Date of Extended Work:	/ /		
Normal Working Hours:	to		

Actual Time Worked: _____ to _____ Site Reference No: _____

Employee Details

S. No.	Employee Name	Employee ID	Designation	Department

Reason for Extended Stay at Site

(✓ Tick Appropriate Reason)

- Emergency Work Completion
- Material Unloading/Loading
- Failure Rectification
- Client Inspection
- Manpower Supervision
- Safety Compliance
- Other: _____

Detailed Justification (To be filled by Employee / Supervisor)

Employee/Supervisor

Verified by another supervisor

Site In charge

OFFICE USE ONLY

Ref. No:

Date:

Approvals

Approved By	Name	Designation	Signature	Date
HR Section				
Planning				
Project				
Director				

Compensation Requested

Type of Compensation	Tick	Details
Monetary Payment	<input type="checkbox"/>	₹ _____
Compensatory Off	<input type="checkbox"/>	No. of Days: _____
Other (Specify)	<input type="checkbox"/>	_____

Account: -

GL _____ Approved Amount _____ Payment Date _____

Note:

1. Form must be submitted within 24 hours of extended work.
2. Attach any supporting documents (client mail, photos, log sheet, etc.).
3. Final compensation is subject to management approval and policy.