**Holiday Pay**

**Name of the Officer** :………………………………………………….……………..…………………………………. **Designation** :…………………………………………………………………………………………

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date of holiday/ weekend for which claim is submitted** | **Time of arrival and departure** | **Nature of work performed** | **Date and time of arrival and departure for five consecutive working days prior to the weekend/public holidays on which the officer worked** | | |
|  |  |  | **Date** | **Arrival** | **Departure** |
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**Attendance Checked and Certified Signature of the Officer**