

**BIRLA INSTITUTE OF TECHNOLOGY**  
**MESRA : RANCHI**

Ref No. Go/Estb/OO/2021-22/ 2007

05 July 2021

**OFFICE ORDER**

**CLARIFICATION RELATED TO COMPENSATORY LEAVE**

It is observed that employees have accumulated, Compensatory Leaves over a period, by working on Holidays / Weekly Off-Days, for various compulsions in the past. Certain doubts are frequently expressed regarding procedure for granting / availing Compensatory Leave.

The following clarification are hereby issued for compliance:

- a) The Department/Section Head shall mandatorily seek prior approval from the Leave Sanctioning Authority, for calling an employee on Holidays/ Weekly Off-Days and record containing employee particulars, time involved, and work performed shall invariably be maintained by all Section Heads and same be submitted to Establishment Section while availing the Leave.
- b) The record of the Attendance and Extra Work Hours be certified by the Department/ Section Head and duly approved by the Leave Sanctioning Authority as per the Form Attached.
- c) One Half-Day Compensatory Leave will be granted for working minimum 04 hours of Extra Work on Holidays / Weekly Off-Days, and one Full-Day Compensatory Leave will be given for working 08 hours of Extra work.
- d) The Compensatory Leave so credited, if not availed within 180 days shall stand lapsed.
- e) Compensatory Leave's once earned, can be availed in parts but, not more than 03 such leaves can be availed in one-go, in a month.
- f) Compensatory Leave can be prefixed/suffixed with other kind of leaves.

This bears the approval of the Competent Authority.

  
Registrar

**Copy to:**

1. All Dean(s)/ Director (IQAC)/ CoE
2. All HoD(s)/ In-charge(s), Academic Departments/ Sections
3. Director(s)/ In-charges(s), BIT Off Campuses
4. Director, University Polytechnic/ BIT-STEP
5. Dy. Comptroller/ Dy. Finance Officer
6. DR(s)/ AO (E&HR)/ AR(s)
7. PS to VC
8. Guard File.

**CERTIFICATE OF EXTRA WORKING HOURS/DAYS**

**(FOR CLAIMING COMPENSATORY LEAVE)**

**(To be filled and authenticated immediately on completion of the Extra Work)**

**Name:** \_\_\_\_\_ **Designation:** \_\_\_\_\_ **Employee Code:** \_\_\_\_\_

**Date of Extra Work:** \_\_\_\_\_ **Start Time:** \_\_\_\_\_ **Finish Time:** \_\_\_\_\_

**Purpose with justification:** \_\_\_\_\_

**Calling Officer's Signature:** \_\_\_\_\_

**Total Hours of Extra Work:** \_\_\_\_\_

**Name & Designation:** \_\_\_\_\_

**Date & Time:** \_\_\_\_\_

**SIGNATURES OF APPROVING AUTHORITY**

**Approved / Not Approved**

**Half Day / Full Day/No. of Hours** \_\_\_\_\_

**Signatures of Vice Chancellor/Dean/Registrar/Director/HoD/Section Head**