FORM 14

Prescribed under rule 125(4) (a)

REGISTER OF COMPENSATORY HOLIDAYS

SI.No.	Number in the register of	Name	Group or relay numbers	and date	Year	Weekly rest days last due to the exempting order in					of con olidays	r days the next	rks		
				Numbers and da of exempting		January to March	April to June	July to Septemb	October to	January to March	April to June	July to Septemb	October	t yea d to	Remarks
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.

FORM 15

Prescribed under rule 126 OVERTIME MUSTER ROLL FOR EXEMPTED WORKERS

. 19. Month ending

Month	Would ending 15													
Numb	Name of	Depar	Dates	Extent	Total	Norma	Normal	Ove	Norma	Overti	Total	Date on		
er in	exempte	tment	on	of	overtime	1 hours	rate of	rtim	1	me	earnin	which		
the	d		which	overtim	hours		pay for	e	earnin	earning	gs	Overtim		
Regist	worker		overtim	e	worked		piece	rate	gs	S		e		
er of			e has	on each	or		work or	of				payment		
adult			been	occasio	production		rate of	nav				made		

Worke rs			worked	n	in case of piece workers		pay per hour					
1	2	3	4	5	6	7	8	9	10	11	12	13