

ATTENDANCE REPORT FOR MANPOWER DEPLOYED BY NIELIT

Department Name Billing Address (Full) & Phone no.								Date: _____
		Project Code :						
SR. No.	NAME OF EMPLOYEE	EMP. CODE/ Designation	ATTENDANCE PERIOD From (dd-mm-yy) - To(dd-mm-yy)	DATES ON WHICH LEAVES AVAILED	NO. OF LEAVES (NOT BE DEDUCTED) (A)	NO. OF LEAVES (TO BE DEDUCTED) (B)	Reason for availing more leaves than allowed in (A)	
1								
2								
3								
4								
5								
6								
7								
Note : _____ (if any Resignation / New Joining with details/copy to be attached)								
Remarks: _____ _____ _____								
Leaves for the month will not be carry forwarded to next month.								
(Head of Deptt.) Signature With seal								