

**Salary Deduction for Absence from Duty Station**

Date :- \_\_\_\_\_

Time :- \_\_\_\_\_

Shift Incharge :- \_\_\_\_\_

Staff Name :- \_\_\_\_\_

Duty Station :- \_\_\_\_\_

Reason to leave Duty Station :- \_\_\_\_\_

Staff Signature :- \_\_\_\_\_

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**For Office Use**

Second Time

Third Time

First Time

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Is Reason Acceptable ? :- Yes/No

If No, Authorizaton for salary deduction for \_\_\_\_\_ days.

**Authorizing Authority :-**

Name :- \_\_\_\_\_

Signature :- \_\_\_\_\_

Designation :- \_\_\_\_\_