Name and address of the Establishment
ejWt d j j;d bgaUk Kf th;ak

FORM XIV

See Rule (1) of TN Catering Rule 38)

Register of Employment for the month of

WO - Weekly Holiday CL - Casual Leave
SL - Sick Leave ML - Maternity Leave
SH - Substituted Holiday HW - Holiday with wages
NH - National Festival Holiday

S.No / t/v z	Emp No / bjhflhs;a;d/v z	Employee Name / bjhHj;yhs;a;d bgah	Sex / ghy;dk	Designation / Nature of work / gz;a;d bgah	Age / Date of Birth taJ / gjwej nj;j;	Date of Medical Exam and Certificate	Leave credit at the begining of the month		Daily Hours of work including overtime j;drhj;ntiy braj t;gu'fs Wage period : Week / Fortnight / Month :																													Total Hours of overtime worked	Total Hours of Work done during the month	Total Hours Worked in balance for month	No. of days balance in calculated EL
							Medical Leave	Leave with wages	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				
1	2	3	4	5	6	7	8	9	10																														11	12	13	14
0																																										
Days on which overtime work is done extent of such overtime on each occassion																																										