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केन्द्रीय भण्डारण निगम (भारत सरकार का उपक्रम) CENTRAL WAREHOUSING CORPORATION (A Govt. of India Undertaking) जन-जन के लिए भण्डारण/Warehousing for Everyone



No:CWCCO-PD0HRMS/2/2020-PERS

Date:20.08.2020

<u>CIRCULAR</u>

Sub: <u>Guidelines for Outdoor Duty</u>

The following instructions are issued regarding Outdoor duty with immediate effect:-

- 1. Outdoor Duty/Other Duty(OD) will be treated as only Official duty henceforth.
- 2. Officials, who wish to avail Official duty, would be required to get prior approval from the Director concerned :-

a. a day before, for availing OD for a particular day or for the next forenoon. b. in the forenoon, for availing OD for the afternoon of the same day.

- 3. If official wishes to avail OD facility for more than three occasions in a month, prior approval of Managing Director is required.
- 4. If there is any issue in marking attendance due to some fault in the Biometric machine/Mobile app. on any particular day, Official has to send a message to MD/concerned Director as well as to GGM (MIS).GGM(MIS) will attend to the matter immediately.
- 5. Above instruction stands implemented w.e.f. 24.08.2020. Till introduction of the online system, manual OD Slip (copy enclosed) to be submitted for prior approval.
- The other terms and conditions including provision for deduction of leave on late coming/early going contained in CWC Circular No. CWC/VII-19/Admn./17580 dated 23rd January, 2020 remains unchanged.

Encl: As above.

(Rakesh Kumar Sinha) Director (Pers.)

Distribution to:

1. All HoDs, CWC, CO, New Delhi

Copy to:

- 1. PS to Chairman/Sr. PA to MD/PS to Dir(P)/SAM to Dir(fin)/PS to Dir(MCP)/PA to CVO
- 2. GGM (System) with the request to upload the circular on the CWC portal and take action for making changes in the HRMS module.

OD PERMISSION SLIP

Date	
I Mr./ Ms.	, Employee code,
Designation	_ Department will be
on Training/Official Visit/ to	for the period
from to	, Time to in
connection with (Purpose)	
	. І
am likely to see Mr	
	(<u>1</u>)

Request you for regularisation of my attendance for the above-mentioned period.

Employee signature:

n e

Employee Contact No:

Approved/Rejected

(Head of the Department)

Donto