



Work Compensation Form (WCF)

INDUSTRIAL PLOT NO.:11, AREA III, NAGAVALLI AMMAN KOIL STREET, MARAIMALAI NAGAR,
CHENGALPATTU - DISTRICT TAMILNADU - 603209, INDIA PHONE : +91 44 27453333 / 32
Email: admin@saryam.com / service@saryam.com

Name of Employee:		Date:
Employee Code No:		Grade:
Designation / ID.No:		
Department		
No. Of Days Worked during Holidays		
Date	Customer Name	Place
To be adjusted against leave availed (pls. Mention date)		
Remarks		
Signature of the Employee	Signature of HOD	Managing Director

Signature of Admin Dept :

Note: Please refer & follow Company's Leave Policy

1. Copy of Service report to be attached alongwith compensation form.
