



COLLEAGUES CONSULTANTS PRIVATE LIMITED
A-Wing, 1st Floor, A55/12, DLF Phase – I, Gurgaon -122002
Haryana (India)

OUTDOOR DUTY FORM

Employee No.: _____

Employee Name: _____ of _____ Department will
be on Duty outside office premises From (Date) _____
To (Date) _____.

During his stay outside he will be performing the following activities:

Please treat his absence as Outdoor Duty and regularize his attendance.

Employee Signature & Date

Sanctioning Authority

Signature: _____
HR Department