



Coral Drugs Pvt. Ltd.

Good Work

Location: _____

Date: _____

Name of the employee to be kept on Good Work: _____

Employee Code _____ Department: _____ Designation: _____

Reason to be kept on Good Work: _____

Normal working hours: from _____ to _____ Hours _____

Good working hours: from _____ to _____ Hours _____

Total Good Work Hours: _____

Name of the HOD: _____ Signature of the immediate Supervisor: _____

Deptt. Head

Note: Good Work performed in previous day, slip must be reached at HR before 10:30am daily. No Good Work will be entertained, if it is not approved by HOD and not submitted to HR in specified time.