

Form - 'L'

(See rule 13)

CONSENT OF WOMEN WORKER TO WORK IN NIGHT SHIFT

I Miss / Smt. ----- residing at -----
----- (Full Address)

State that I am working as (Designation) ----- in M/s. -----
----- since -----

I am aware that, -

the employer will provide separate safe and secure transport facility from the doorstep of my residence to the place of work and *vice-versa*—and that there will be at least three women worker working in the nightshift and that there is a Committee to prevent sexual harassment at work place under the Chairmanship of Smt.-----

I am therefore willing to work at nightshift for the period from ----- to -----
period.

Date :

Place :

Signature of the Women worker.

Name, address and Signature of witnesses

1.-----

2.-----

FORM – 'M'

(See rule 14)

NOTICE OF HOURS OF WORK, REST-INTERVAL, WEEKLY HOLIDAY

Name and address of the Establishment: _____

Name of the Manager/Authorised representative. : _____

All the workers in the establishment are hereby informed that the hours of work, rest-interval and weekly holiday of each worker is given below:-

Sr. No.	Name of worker	Designation	Hours of Work from to.....	Rest-interval from to.....	Day of weekly holiday
(1)	(2)	(3)	(4)	(5)	(6)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Date :

Place :

Signature of the Manager or Authorised representative.

FORM- 'N'

(See rule 16(1))

**NOTICE OF SHIFT SCHEDULE WEEKLY HOLIDAY OF WORKERS
ENGAGED IN SHIFT**

All the workers in establishment are hereby informed that the establishment operates in shift. The shift schedule of the workers is as follows: -

Shift schedule for the period from ----- to -----

Sr. No.	Name of the worker	Designation	Dates of the Month	Dates of the Month	Dates of the Month	Dates of the Month	Weekly holiday day.
			General Shift	1 st Shift	2 nd Shift	3 rd shift	
			From - To -	From - To -	From - To -	From - To -	
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

Date:

Place:

Signature of Manager/ Authorised representative.

Form - 'O'
(See rule 19)
LEAVE BOOK

Name of the establishment :			Name of the employer :			Receipt of leave book -					
Name of the worker :			Date of entry into service :			(Signature or thumb impression of worker)					
Description of the Department (if applicable) :			Payment for leave made on			Refusal of leave			Payment for Leave on discharge of an worker quitting employment, if admissible		
1.	2.	3.	4.		5.			6.		7.	
Leave due on	No. of days	From --- To ----	1 st Moiety	2 nd Moiety	Application Date	Date of Refusal	Reason for refusal	Date of discharge	Date and amount paid	Signature or left hand thumb impression of worker	Remarks

DETAILS OF FESTIVAL LEAVE

Period		Total Leave	Availed Leave	Balance Leave	Payment made in lieu of Festival Leave, when called for work.	Remarks
From	To					

DETAILS OF CASUAL LEAVE

Period		Total Leave	Availed Leave	Balance Leave	Remarks
From	To				

Name and Signature of Authority.

Form - 'P'

(See rule 20)

NOTICE OF MAXIMUM LEAVE ACCUMULATED

Name and address of the establishment.

Name of the Authorised person / Manager.

To,

Shri/Smt. (Name of worker)

Address:

.....

It is hereby informed that as per section 18 (5) of the Maharashtra Shops and Establishments (Regulation of Employment and Conditions of Service) Act, 2017 (Mah. LXI of 2017) the maximum leave that can be accumulated is for 45 days. Maximum leave of 45 days has been accumulated at your credit. Hence, no further leave due to you, but not availed by you will not be accumulated and it shall lapse, if unavailed.

Details of the leave accumulated.

Sr. No.	Number of accumulated leave	Period for which leave is accumulated	
		From	Till

Date :

Place :

Name and Signature of Authorised
Person/Manager.

Form – 'R'
(See rule 27)

ANNUAL RETURN

(for the year ending as 31st December)

1. Name of the Establishment :-
2. Name of the Owner / Partner / Occupier / Director / Authorised Person :-
3. Name of the Manager :-
4. Total number of Workers :- Men Women
Workers
Contract Labour
Causal
Part Time
Others
Total
5. Whether the notice showing the details of persons engaged in confidential, managerial, supervisory capacity is sent? :- Yes No
6. Nature of Business :-
7. Registration number
Date of Validity of the Registration Certificate
8. Number of shift :- 1st 2nd 3rd
Average number of persons engaged shift wise
9. Whether notice of shift is displayed and copy sent to the Facilitator? :- Yes No
10. Number of women workers engaged during the year (if applicable) :-
Number of women workers engaged in night shift
11. Whether consent letter from women workers working in night shift is obtained? (if applicable) :- Yes No N.A.
12. Whether notice showing the weekly holiday of each worker is displayed? :- Yes No

13. Whether committee under the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 (14 of 2013) is constituted ? (if applicable) :- Yes No N.A.
- Name of the Chairman of the Committee
14. Whether police varification of all the drivers and staff engaged in transportation of women workers is obtained ? (if applicable) :- Yes No N.A.
15. Is identity card issued to all workers? :- Yes No
16. Is leave book maintained ? :- Yes No
17. Whether Committee for Health, Safety and Welfare is constituted ? (if applicable) :- Yes No N.A.
18. Whether all safety measures as per the directions of fire officer / department of local authority or Fire Briged or any such authority are observed? :- Yes No
19. Whether First aid box is maintained? :-
20. Whether the following welfare facilities are provided (wherever applicable) :-
- (a) sufficient number of laterines and urinals Yes No
- (b) Creche Yes No N.A.
- (c) Canteen Yes No N.A.
21. Whether all the records and registers are maintained and required notices are displayed. :- Yes No
22. Any application for compounding of an offence is made during the year ? :- Yes No
if yes,
Date of application
Date of disposal
Amount of fees deposited

23. Number of accident occurred in the

establishment during the year
Number of workers injured
Amount of compensation paid

24. Is the name board displayed in Marathi. :- Yes No

Declaration

I /we Mr./Mrs.----- hereby
solemnly affirm that all the information mentioned in the annual return are true
and correct. I /we am/are aware that if any information submitted by me turns out
to be false or not true or incorrect, I shall be liable for legal action under the
concerned Law.

Date :

Place :

Signature of Employer.

FORM - 'S'

(See rule 31(1))

APPLICATION FOR COMPOUNDING OF OFFENCE BY AN EMPLOYER

To,

The Compounding Officer,
Office Address.**Subject : Request for compounding of offence/s.****Reference : Inspection memo dated**

Dear Sir,

This is to inform you that the local areas Facilitator visited and inspected our establishment on ----- (date). He had pointed out certain breaches of the Maharashtra Shops and Establishments (Regulation of Employment and Conditions of Service) Act, 2017 (Mah. LXI of 2017) and the rules made thereunder during his inspection and an inspections memo as referred above was issued to us. We have received a notice dt.----- for compounding of the offence by the authority.

We are willing and request you to compound all the offences mentioned in the inspection memo, or to compound only the following offences mentioned in the inspection memo.

Sr. No.	Section / Rule	Description of offences in short

You are, therefore, requested to compound the above offences. We will deposit the amount of fees as decided by you within the time mentioned in the order passed by you.

I/We am/are aware that if we failed to pay the fine in stipulated time we will be liable for additional fine as per the provisions of the Act and prosecution may also be launched against us in the Court of Law.

Date :

Name and Signature of the Proprietor/
Partner/ Director or Authorised Representative

Place :

Name and Address of the Establishment with Seal.

FORM - 'T'

(See rule 33)

DETAILS OF PERSONS DISCHARGING MANAGERIAL FUNCTIONS

Name and address of the Establishment /Organisation:

E-mail ID / Website Address :

Name of Authorised person/ manager :

E-mail ID :

The Management hereby declares the following persons to be the persons who will be engaged to conduct managerial functions and shall be responsible for discharging managerial functions in the establishment.

Sr. No.	Name of the person.	Designation.	Brief Nature of Duties

Date :

Place :

Signature of the Manager/ Authorised Person.

CC to - Facilitator

FORM - 'U'

(See rule 34)

**DETAILS OF PERSONS OCCUPYING POSITION OF CONFIDENTIAL
CHARACTER**

Name of the Establishment / Organisation:

E-mail ID /Website Address :

Name of Authorised person/manager:

E-mail ID :

The Management hereby declares the following persons to be the persons who will be engaged in and shall be responsible for discharging work of confidential Nature relating to the Business of the Establishment.

Sr. No.	Name of the person.

Date :

Place :

Signature of the Manager / Authorised Person with Seal

CC to – Facilitator