A.P. Shops & Establishments Rules, 1990

FORM XXII

[See Rule 29(1)]

Register of Employment

Name of the Establishment / Shop ……. for the month of ……

Address : Registration No.

Sl.No.	Name of the Employee	Sex	Age	Days of Months	Date on which over-time is done and extent of such over-time work in each day	Remarks	Time at which employment commences	Time at which employment ceases	Rest Interval	Date (a) from (b)	To (c) Extent (d)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(a)	(b)	(c)		