* **MINISTRY OF LABOUR AND SOCIAL SECURITY**

**ITINERARY**

**PARISH OFFICE:**

NAME OF OFFICER: GRADE:

PERIOD: AREA:

**Key for Type of Visit:**

BEN. – Benefit Visit CON. – Contribution Visit REG. – Registration Visits EDUC. – Educational

R.I. – Routine Inspection COMP. – Compliance C/L – Classification and Insurability

| **DATE** | **DESCRIPTION OF WORK** | | | **REMARKS** |
| --- | --- | --- | --- | --- |
| **Name of Business/Person Visited** | **Address of Place Visited** | **Type of Visit** |
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SIGNATURE OF OFFICER ………………………….…..…………….. DATE ……………………....

APPROVED BY …………………………………………………….…………… DATE ……………………..