DUTY RESUMPTION FORM

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| --- | --- | --- | --- |
| Date: |  | Ref. No.: |  |

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| --- | --- | --- | --- | --- |
| **EMPLOYEE DETAILS** | | | | |
| Re-Joining Date: |  | Employee No.: | |  |
| Name: |  | | | |
| Designation: |  | | | |
| Nationality: |  | Contact No.: | |  |
| Department / Project: |  | | | |
| Employee Signature: |  | | Date: |  |
| Direct Manager: |  | | | |
| Signature: |  | | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **LEAVE DETAILS** | | | |
| Start Date: |  | End Date: |  |
| Leave Period: |  | Delay / Early in Days: |  |
| No. of Leave Days: |  | Leave Days Balance: |  |

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| --- |
| **REMARKS:** |
| The employee has returned from Annual /Emergency Leave delaying days. |

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| **APPROVALS** | | | |
| Human Resources: |  | | |
| Signature: |  | Date: |  |
| General Manager: |  | | |
| Signature: |  | Date: |  |

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\* O r i g i n a l t o P e r s o n a l F i l e