**OFFICE STAFF HANDOVER FORM**

| **Name :** |  | **Date :** |  |
| --- | --- | --- | --- |
| **Name of Secondary :** |  | **Period Applied :** |  |
| **Destination Outside HK/Spore:** |  | **Contact Telephone No.:** |  |

|  | | **Done** | |
| --- | --- | --- | --- |
| **S/No.** | **Outstanding Activity** | **Yes ()** | **No ()** |
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Notes:

1. The Secondary Office Staff is responsible to complete ‘Done’ column, by ticking either ‘Yes’ or ‘No’.
2. Upon completion, the original handover form must be forwarded to MSD Safety Dept. for filing.

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| Handed over By: |  |  |
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| Received By: |  |  |