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MOVEMENT RECORD FORM							
NAME : DESIGNATION : DIV/DEPT. : EMP. NO & COMPANY :							
SN	DATE	IN/OUT	IN/OUT	DESTINATION	REASON	REMARKS	
Prepared by : Confirmed By : Verified by :		Verified by :	Note :				
			 Type of movement to be recorded in this form A. Official Duties: Late In, Early Out & Outstation for the whole day Personal matters: Allowable Time-Off of 1.5 hours (max) in a month Overnight time off: After working continuously after midnight 				
(Staff) (Immediate Superior)		(Head of Company/Div.	2. The form is to be submitted to GHCD by 5th of the following month				
Date: Date:		Date:					