Turn-Over of Responsibilities Checklist

Company		Department	
To be completed by Employee			
Name		ID no.	
Designation		Location	
Nature of leave / trip			
Date of departure		Date of return	

To be completed by Supervisor / Manager

Item	Employee		Supervisor/Manager		Remarks
	Issued	Signed	Returned	Signed	
Phone/Sim card					
Company keys					
Equipment					
Vehicle/fuel card					
Other					

Delegation of Responsibilities in absence of the Employee

Task	Delegated to	Ackn'd	Task	Delegated To	Ackn'd
Quotations			Work coordination		
Customer liaison			Accounting activities		
Document custody			Others		
Fax/e-mails communications					
Comments					
Manager		Date		Signature	

To be completed by employee in re-issue of above items

Name		Date		Signature	

To be completed by Human Resources Dept only

Hr dept to release documents/tickets/passport only when above form is completed and approved

Upon Departure		Upon return	
Document issued	Documents received	Documents issued	Documents received

HR representative Signed	HR representative Signed
Name Date	Name Date
Employee Signed	Employee Signed
Name Date	Name Date

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