

HAND OVER FORM

Leaving Staff/

Officer's Name :

Effective :

Position :

Location :

Reason (circle) : Promotion/Rotation/Mutation/Demotion

to Dept./Div. Position:

Other reason : Resigned/Retired

Incoming Staff/

Officer's Name:

Effective :

Position :

Location :

Dept./Div. :

No.	Job Description (per item)	Current Work Status (On Going/ Done/Pending/ On Progress/Cancelled)	Things to be followed up with detailed explanation	Dead Line	Remarks

Handed over from,

Handed over to,

Witnessed by,

Witnessed by,

()
Date:

()
Date:

()
Position:
Date:

()
Position
Date: