

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: