**DUTY RESUMPTION FORM**

* *This form must be filled up and duly signed upon return to work with any supporting documents.*
* *Section A to be completed by the Applicant and submitted to his/her Direct Supervisor for approval, then to the HR & Admin Department.*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Section A: EMPLOYEE DETAILS (To be completed by Employee)* | | | | | | | | | | |
| Employee Name | |  | | | | | Staff No. | |  | |
| Designation | |  | | | | | Department | |  | |
| Leave Start Date | |  | | | | | Actual Duty Resumption Date | |  | |
| Extension/ Discontinuation reasons | | | |  | | | | | | |
| Employee Signature | | | |  | | | Date | |  | |
| *ENDORSEMENTS* | | | | *NAME* | | | *SIGNATURE* | | *DATE* | |
| Direct Supervisor | | | |  | | |  | |  | |
| Department Manager | | | |  | | |  | |  | |
| *Section B: HR USE ONLY* | | | | | | | | | | |
| Accrued leave days |  | | | | No. of actual days taken |  | | Current Balance | |  |
| No. of unpaid days (if any)? |  | | | | Amount of unpaid days? |  | | Payroll period of action? | |  |
| *Processed by:* | | | | | | | | | | |
|  | | | *NAME* | | | | *SIGNATURE* | | | *DATE* |
| *HR & Admin Clerk* | | |  | | | |  | | |  |
| *Approved by:* | | | | | | | | | | |
|  | | | *NAME* | | | | *SIGNATURE* | | | *DATE* |
| HR & Admin Manager | | |  | | | |  | | |  |