**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 |       |       |       |