**WORK HANDOVER FORM**

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| --- | --- | --- | --- |
| *Section A: EMPLOYEE DETAIL**S (To be completed by Employee going on leave)* | | | |
| Name |  | Staff No. |  |
| Designation |  | Department |  |
| Leave Start Date |  | Leave End Date |  |
| Employee Signature |  | Date |  |
| *Section B: SUBSTITURE EMPLOYEE DETAILS* *(To be completed by Direct Supervisor)* | | | |
| Name |  | Staff No. *(If internal substitute)* |  |
| Job Title *(If internal substitute)* |  | Department *(If internal substitute)* |  |
| Start Date of Duty |  | End Date of Duty |  |
| Employee Signature |  | Date |  |

|  |  |  |
| --- | --- | --- |
| *Section C: HANDOVER NOTES (To be completed by Direct Supervisor)* | | |
| # | TASKS | COMMENTS |
| 1 |  |  |
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| --- | --- | --- | --- |
| *ENDORSEMENTS* | *NAME* | *SIGNATURE* | *DATE* |
| Leaving Employee |  |  |  |
| Substitute Employee |  |  |  |
| Direct Supervisor |  |  |  |
| Department Manager |  |  |  |