**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 |       |

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| *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 |       |       |       |