

DUTY RESUMPTION FORM

This form should be submitted to the Human Resources Department on the same day of resuming duty.

PERSONNEL DETAILS		EMPLOYEE ID
Name _____	Date _____	_____
Designation _____	Date of Joining _____	_____
Department _____	Facility _____	_____
Duty resumption date _____	Approved leave days _____	_____
Leave applied from ____/____/____ to ____/____/____ Delayed by (no. of days) _____		
Employee Signature: _____ Branch Manager Signature: _____		
FOR OFFICIAL USE ONLY (HUMAN RESOURCE DEPARTMENT)		
Receiver name _____		Received form date _____
☐ Document(s) received		
Remarks: _____		
HR Representative Signature: _____		Admin. Manager Signature: _____