

Joining Report on Return from Leave

Name:		Project/Business:	
Emp No.:		Designation:	
Document Refe	erence: CEN-TM-01-04	Revision:	0
Report back at	work on:		
Leave sanction	ed from:	to:	
Remarks:			
Signature			
	Employee		Date
Signature	Project Leader/Business Unit Head		Date
Distribution:	Distribution: Original to Head Office Administration Department.		