## **Company Name**



## **Handing Over Note**

**Document No:** 

Rev. No.:

Date:

Purpose: All employees are required to fill the below form during their <u>long planed leave</u> and <u>in case of resignation</u> to ensure the smooth running of operations in their department during their absence from duty.

	From	То					
	Name Designation	: Name : : Designation :					
		A) <u>Details of Responsibilities Handed Over</u> (Details of Important Tasks)					
1		· · · · · · · · · · · · · · · · · · ·					
	B) <u>Details of important matters pending.</u> (Correspondence, short note of the present status and future course of action)						
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S. No.	Description	Qty	Remarks
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ne relevant doc	•	tc from Mr. / Ms	
ne relevant doc	uments / files / source codes, endle above assignments withou	tc from Mr. / Ms t any assistance.	