PRETECT Value Through Performance	PREVENT AND PROTECT W.L.L.	*Doc. No.:*	*HRD-F005*
	HUMAN RESOURCE DEPARTMENT	*Revision:*	*3*
	RESUME TO DUTY FORM	*Date:*	*29-08-2023*

Name:		Emp. No.:	
Designation:		Department:	
DETAILS OF RESUME TO WORK			
Date of Resume to Work:		Time:	
LEAVE APPROVED			
Start of Leave	From:		
	To:		
ACTUAL LEAVE APPROVED			
Start of Leave	From:		
	To:		
Extra / Less Day Taken:			
REMARKS			
EMPLOYEE'S SIGNATURE			
Name	*Signature*	*Date*	
CONFIRMED BY			
Department Manager	*Name*	*Signature*	*Date*
ACKNOWLEDGED BY			
HR Department	*Name*	*Signature*	*Date*