



APPLICATION FORM FOR DUTY PERMISSION ON WEEKEND/PUBLIC HOLIDAY

APPLICANT'S INFORMATION

NAME			
STAFF NO.		DEPARTMENT	
H/P NO.			
APPLICATION DATE			

DETAILS OF APPLICATION

PURPOSE OF DUTY			
DATE OF DUTY			
TIME OF DUTY	START :	END :	
VENUE OF DUTY	OFFICE :	<input style="width: 50px; height: 20px;" type="text"/>	OUTSIDE :
		<input style="width: 50px; height: 20px;" type="text"/>	Please state the address:

OTHER STAFF INVOLVE	NAME 1 :		
	NAME 2 :		
	NAME 3 :		

TO BE VERIFIED BY MANAGER :

TO BE APPROVED BY COO/DCOO/GM :

SIGNATURE : _____ NAME : _____ DATE : _____ Remarks :	<div style="text-align: center; margin-bottom: 10px;"> <input style="width: 40px; height: 20px;" type="checkbox"/> APPROVED <input style="width: 40px; height: 20px;" type="checkbox"/> NOT APPROVED </div> SIGNATURE : _____ NAME : _____ DATE : _____ Remarks :
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NOTE:

1. Please attach together the list name of staff if more than 3 staff involve on the duty.
2. If anything happen during the duty, applicant will be responsible.