Handover Form

Name _____   Contact number _____

Designation _____   Date of Appointment _____

Division _____   Department _____

Effective date of resignation _____   Last working date _____

Whether confirmed or not: **Yes** ☐   **No** ☐   If yes, confirmed date _____

1. **Project Handover** (To be filled By the Project Manager)

i)   Last Project Name _____ Duration worked_____

ii)   If knowledge transfer is required, whom do you nominate?

Name _____ Designation _____

Herewith I attach the work hand over document prepared by the employee & approved by me

_____   _____   _____
Name of the Project manager/
Division head   Signature   Date

2. **IT Handover** (to be filled by the Network Administrator)

1. PC / Laptop Serial No: _____ Hardware in order

Yes ☐   **No** ☐   If 'No' please specify

_____

2. The following has to be disconnected and access has to be blocked permanently on the last working day. Mark **"YES" or "NO"** in front of each item and pls specify the reason if **"NO"**

   i.   E Mail Account
   ii.   Domain Account
   iii.   Access to PAL
   iv.   Access to Project Server
   v.   Request Tracker Account
   vi.   Viki user name
   vii.   VSS Account
   viii.   Reservation Systems user name
   ix.   User Accounts in remote servers

x.   Bugzilla
        xi.   QMS Bugzilla

_____

3. CDs and any other equipment borrowed are handed over

Yes ☐   **No** ☐   **Not borrowed** ☐

_____   _____   _____

Name of the Administrator   Signature   Date

3. **<u>Library Handover</u>** (To be filled by the Librarian)

1. Books borrowed and handed over:

Yes ☐   **No** ☐   **Not borrowed** ☐

If not handed over, please indicate name and value of book(s)

_____

2. Test phones/ sim cards/ CDs handed over   **Yes** ☐   **No** ☐   **N/A**

_____   _____ _____

Name of the librarian   Signature   Date

4. **<u>Finance Handover</u>** (To be filled by the finance manager)

1. Any outstanding loan

Yes ☐   **No** ☐   If yes please indicate the amount Rs. _____

2. EPF / ETF matters settled

Yes ☐   **No** ☐

_____   _____   _____

Name of the finance manager   Signature   Date

5. **HR Handover** (To be filled by the HRD)

1. Project handover in order   Yes ☐   No ☐ N/A ☐

2. IT handover in order   ☐   ☐ N/A ☐

3. Library handover in order   Yes ☐   No ☐ N/A ☐

4. ID card handed over   ☐   ☐ N/A ☐

5. On the spot- Insurance card handed over   Yes ☐   No ☐ N/A ☐

6. Finance Handover   Yes ☐   No ☐ N/A ☐

7. HR system record made inactive and   ☐ Yes   ☐ No ☐ N/A
   Access to eHRM system disconnected

_____   _____   _____

Name   Signature   Date

WORK HAND OVER DOCUMENT

Files\ documents\ CDs \Folders\ reports used or knowledge to be transferred	Location where the files\ docs saved	Name of the person, whom the Knowledge was transferred to	Certified by the transferee

Has the employee entered his\her Time Sheets till the last date of working? (this has to be checked & verified by the supervisor)……………………………………………………………………

Singed by the employee   Approved by the Supervisor