



EMPLOYEE TRAVELLING FORM

1. Employee's detail:

Name : Emp. ID :

Designation : Department :

Current Residing Address:

.....
.....

H/P Num: Emergency Contact Num:

Travel Destination (Address):

a)
.....

b)
.....

Days of leave taken to travel:

2. Reason to travel:

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I hereby declare that I have been explained on the precautionary measure taken by the company during this pandemic situation (Covid-19) and I fully understand and agreed to adhere to the said guideline.

I also understand that providing false information or misleading information is an offense and that shall subject to company disciplinary action or any legal action.

Employee's Signature : Date:

Health Status after Travelling

Health Status:
.....

Employee's Signature : Date:

Acknowledge by HOD: Date:

Name of HOD :