



Vacation Handover Form

Name		File No:	
Vacation Start Date:		Return Date:	
Department:			
Data Taken over by:			

HAND OVER SIGNATURE SHEET:	
Person accepting the Data handover	Person handing over the subject matter of handover
Name:	Name:
Signature:	Signature:

Line Manager Approval	
Name:	
Signature:	

For IT Use Only			
Asset Details:			
Collected By		Date:	
Logon id:		Disabled by:	
Email id:		Disabled by:	
Focus id:		Disabled by:	
Signature:			