

Duty Exchange Request

Date :- _____

Name :- _____ Designation :- _____

Duty Time :- _____

Location :- _____

Request to exchange with :- _____

On what Date :- _____

HOD Remarks :- _____ Accepted :- (Yes/No)

HOD Signatute :- _____

Date :- _____

For Office Use Only

HR Remarks :- _____

HR Signature :- _____

Date :- _____