Name:

Form No.: TSU-EWU-SF-19

WORKLOAD TURN-OVER FORM

Instruction: This form is to be accomplished 30 calendar days prior to resignation, termination, or end of contract as a requirement for and attachment to clearance.

Date Today:

| Position: | Office: | | |
|------------------------|-------------------------|---|--|
| Last Day of Serv | rice: | | |
| Turn-Over Ta | asks/ Activities | To be Turned Over to (Name and Signature) | Status/Remarks (Completed, On-Going, Incomplete) If incomplete, state plan of action |
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| Note: Attach additiona | l pages, if necessary. | | |
| Prepared by: | Outgoing Page | anal/Equilty | Doto |
| N 4 11 | Outgoing Persor | ше/гасину | Date |
| Noted by: | Unit Head/Dean/Director | | Date |

Revision No.: 00

Effectivity Date: October 06, 2023

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