	TECHNICAL UNIVERSITY OF MOMBASA		
	Document: Form		**Ref No.: TUM/Form/HRM/007**
	Title: STAFF MOVEMENT ADVICE		
	Department: HUMAN RESOURCE MANAGEMENT		
	Issue No. 2	**Revision No. 0**	**Date: 5th April 2018**

A: INSTRUCTIONS:

1. This form should be completed in quadruplicate by the Chair/Head of Department/ Section/ Unit, the day the relevant event takes place, and should be distributed as follows:
   - Original - Personal File
   - Duplicate - Salaries Section
   - Triplicate - Retained by the Department
   - Quadruplicate - To the member of staff concerned
2. This form should be issued for those reporting on first appointment, those who are leaving TUM, for every incident of absence from duty and when a member of staff resumes duty after absence.

B: EMPLOYEE DETAILS:

Name: _____ P/F No: _____

Designation: _____ Grade: _____ Department: _____

C: FIRST APPOINTMENT/ LEAVING TUM:

1. Reported for first appointment at TUM on____/____/_____ **(Please insert date appropriately)**
2. Last date of service at TUM was on____/____/_____ **(Please insert date appropriately)**

D: ABSENCE FROM DUTY:

Absent from duty due to: annual leave maternity leave; paternity leave; sabbatical leave; study leave; unpaid leave; special leave; compassionate leave; unauthorized absence; other reasons, specify…… (***Tick whichever is applicable***) on____/____/_____ (***Please insert date appropriately***)

E: RESUMPTION OF DUTY:

Resumed duty after: annual leave ☐ maternity leave ☐ paternity leave ☐ sabbatical leave ☐ study leave ☐ unpaid leave ☐ special leave ☐ compassionate leave ☐ unauthorized absence other reasons, specify……..…… **(Tick whichever is applicable)** on____/____/_____ **(Please insert date appropriately)**

NAME: _____ _____ _____

COD/HOD/HOS CONCERNED Sign Date & Stamp

F: FOR HR USE ONLY:

Received and verified by Officer in Human Resource Section

_____ _____ _____

Name Sign Date & Stamp