

# EMPLOYEE REPLACEMENT FORM

FORMAT NO.

REPLACEMENT ID	REQUEST DATE	TIME PERIOD	
		PERMENENT	TEMPORAORY TILL DATE:

NAME OF EMPLOYEE / OPERATOR / SUPERVISOR – CURRENT

DEPARTMENT	NAME OF MACHINE OPERATING	ON PROCESS WORKS

NEW EMPLOYEE / OPERTOR / SUPERVISOR – NEW

DEPARTMENT	NAME OF MACHINE OPERATING	ON PROCESS WORKS

REASON FOR REPLACEMENT

REQUESTOR DESIGNATION & SIGNATURE	HUMAN RESOURCE EXECUTIVE

APPROVED? YES / NO	REASON OF APPROVED / NOT APPROVED

**DIRECTOR SIGNATURE:**

**DATE:**