

Ministry of Education and Training  
**INTERNAL TEMPLATE**  
**RESUMPTION OF DUTY**

To: Chief Executive Officer for Education and Training

Date: .....

**Subject: Notification of Resumption of Duty -**

This is to inform you that I resumed duty on ..... (day & date), after taking the following leave(s):-

Tick	Type of Leave (Total entitlement for each type of leave is stated against each leave – working days unless specified)	Date(s) of leave taken	No. of Working Day(s)	My Balance of Leave after taking this leave is now:-
	Casual (7)			
	Annual (20)			
	School Holiday Leave		N/A	N/A
	Day(s) Off (in lieu of prior approved overtime hours worked) Must be taken within 3 months of overtime taken			
	Sick - Outpatient (15)			
	Sick - Inpatient (30)			
	Maternity (3 calendar months)			
	Paternity (5)			
	Special Leave Without Pay (20)			
	National Sporting Tour (40)			
	Govt. Board Membership (10)			
	Overseas Travel/Domestic Travel (please circle)			N/A
	Other (please state)			

Name of Employee:..... Post: ..... Signature: .....

**Confirmation of Resumption:** Name & Signature of Head of Division/Unit/School where employee works:-

Name..... Post..... Signature.....

Please submit this form to the Registry Unit, MET Head Office, Vuna Road on the day of resumption of duty.