**JIC STAFF INDUSTRIAL VISIT REQUEST FORM**

|  |  |  |
| --- | --- | --- |
| **DATE** | **:** |  |
| **TO** | **:** | **INDUSTRIAL RELATIONS DEPARTMENT**  (Note: This form should be filled at least one week before the visit to the company.) |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SN** | | **EMPLOYEE NAME** | | | | **POSITION** | | | **Department** | |
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|  | |  | | | |  | | |  | |
| **NAME OF THE COMPANY**  **TO BE VISITED** | | | | |  | | | | | |
| **LOCATION / ADDRESS** | | | | |  | | | | | |
| **CONTACT DETAILS** | | | | |  | | | | | |
| **Primary Area/Section(s) to be Visited in the Company** | | | | |  | | | | | |
| **DATE OF THE VISIT** | | | | | **DAY** | | **TIME** | | | |
|  | | | | |  | | **FROM** | | | **TO** |
|  | | |  |
| **PURPOSE(S) OF THE VISIT** | | | | | | | | | | |
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|  | | | **REQUESTED BY** | | | | | **APPROVED BY** | | |
| **Name / Title** | | | |  | | | |  | | |
| **Signature / Date** | | | |  | | | |  | | |

cc: Managing Director / File