

Staff Movement Communication Memo

Date: _____
To: _____
From: _____
CC: _____
Subject: Staff Movement Notification

EMPLOYEE DETAILS

Name: _____
Employee ID: _____
Current Position: _____
Department: _____

MOVEMENT DETAILS

Type of Movement: (e.g. Transfer / Promotion / Resignation / Others)

Effective Date: _____
New Position / Department (if applicable): _____

REMARKS / ADDITIONAL INFORMATION

Prepared by:

Approved by:
