



Form No. (11) Job Shadowing Agreement

This application must be filled out by the employee. Kindly be informed that the approval from the line manager, the guiding employee and the managing director shall be obtained prior to sending this application to the Human Resources Department.

Personal information:

Name:	Division:
Job Class:	Job Title:
Duration Spent in this Current Job:	Manager:
Phone No.	E-mail address:

Job Shadowing Details:

Job Shadowing Field:	
Guiding Employee:	
Division Name (if different):	
Job Shadowing Term:	
Starting Date:	
Completion Date:	
Duties During Job Shadowing:	

Please specify to what extent this Job Shadowing contributes to the achievement of the development objectives identified in your development plan.

Employee Signature:	Date:
Approval of Line Manager:	
Signature:	Date:
Name:	Job Title:
Approval of Guiding Employee:	
Signature:	Date:
Name:	Job Title:
Approval of Managing Director:	
Signature:	Date:
Name:	Job title: