

**NATIONAL HIGHWAY AUTHORITY
BIOMETRIC ATTENDANCE SYSTEM**

OFFICIAL ASSIGNMENT FORM

ID.#. _____ Name: _____ Father/Husband Name _____

Designation: _____ BS: _____ Wing: _____ Section: _____

Nature of Appointment:	Regular	Contract	Deputation	Daily Wage

Head of Salary:	1% Establishment	RMA	Project (Write Name of Project)

Date From: _____ To: _____ Day(s) _____

Time From: _____ To: _____ (Hours/ Minutes) _____

Description of Assignment: _____

Job Assigned by: _____

Signature of Employee : _____

Date : _____

Recommendation of Section Head: _____

Signature : _____

Name : _____

Designation/BS : _____

Office Name : _____

Date : _____

Note: "The Sectional Head of all Wings / Sections / Regions / Project Office / Maintenance Unit shall approve and forward copies of assigned job to HRMIS Section / concerned DD/AD (Admn) Region"