**Employee Service Continuity Form**

**[Company Name]**   
[**Company Address]  
[Contact Number] [Email]**

**Section 1: Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Name** |  | | |
| **Employee ID** |  | **Job Title** |  |
| **Department (Current)** |  | **Department (Transferred From)** |  |
| **Location** |  | **Contact Number** |  |
| **Date of Joining (Original)** |  | **Effective Transfer Date** |  |
| **Employment Type** | ☐ Permanent ☐ Contract ☐ Probationary | | |

**Section 2: Service Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **From** | **To** | **Remarks** |
| Initial Appointment |  |  |  |
| Department Transfer(s) |  |  |  |
| Subsidiary/Branch Transfer(s) |  |  |  |
| Leave Without Pay Periods (if any) |  |  |  |
| Total Duration of Continuous Service |  |  |  |

**Section 3: Service Continuity Confirmation**

☐ This is to certify that the above-named employee has served the organization **continuously and without interruption** since the date of joining mentioned above.  
☐ All transfers between departments or subsidiaries have been recorded as **internal movements**, maintaining full continuity of service, seniority, and benefits.

**Section 4: HR/Management Authorization**

|  |  |  |  |
| --- | --- | --- | --- |
| **Authorized By** | **Designation** | **Signature** | **Date** |
|  |  |  |  |
|  |  |  |  |

**Section 5: Employee Acknowledgment**

I acknowledge that the above details accurately represent my employment and transfer history within the organization and confirm my continuous service status.

**Employee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Optional Notes:**

* Attach supporting documents such as appointment letters, transfer letters, or HR memos.
* This form should be stored in the employee’s **main service file** and updated upon every internal transfer.