FORM 3.559

M. & M. T. B. EMPLOYEE'S RECORD

Card No.

14

Dep	ot															
Date	e															
Nan	ne		Address													
_ Nun	neral															
Date of Birth			Married/Single Military Service													
Locker No.					Outfit	No	Pa	ass No. Member of Ben. Soc.								
Occ	upation									Issued wi	th R	ule Bool	k No.			
Date	e		Section Book 'Phone Key													
Lice	ence No.									Duster	y					
UNIFORM									MEDICALLY EXAMINED							
Cap	Coat	Trou	isers	Khaki	O'Coat	D'Coat	Remarks	Period'l	Sick				Remarks			
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ABSENCES

	AN	NUAL	LEAVE		SICK, ORDINARY AND SPECIAL LEAVE									
Date Due	Days Due	First Day	Last Day	Remarks	Nature	No. of Days	First Day	Last Day	Remarks	Nature			Last Day	Remarks
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Special Control														
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