REPUBLIC OF BOTSWANA

MLHA/DES FORM 3

MINISTRY OF LABOUR AND HOME AFFAIRS

DEPARTMENT OF EMPLOYMENT SERVICES

RETURN SLIP

The Return Slip should be completed by the supervisor and the Intern as proof that the Intern has reported for duty.

A. INTERN DETAILS

SURNAME	NAME & MIDDLE NAME	ID NO.	CONTACT NO.	BANK ACCOUNT NUMBER BRANCH CODE

B. SUPERVISOR DETAILS

ORGANISATION	DIVISION / UNIT	SUPERVISOR'S NAME	CONTACT NO.	FAX NO.	INTERN'S REPORT DATE
EMAIL ADDRESS					

SUPERVISOR'S SIGNATURE _____ INTERN'S SIGNATURE_____

Host Organization Stamp

BOTSWANA
Our pride, your destination