## **Employee Lost Article Declaration (Hotel)**

Date:
Declaration No.:
Decidiation No
Employee Name:
Employee ID:
Department:
Contact Number:
Date and Time of Loss:
Date and Time of Loss.
Location of Loss:
Details of Lost Article(s):
Description of legislant (Heavy the particle was leath).
Description of Incident (How the article was lost):
Steps Taken to Locate the Article:
Steps Taken to Locate the Article.
Reporting Manager/Supervisor:

Remarks (if any):

Employee Signature	
Manager/Supervisor Signature	
Date:	