

For reference only

ΒΕΒΑΙΩΣΗ ΚΥΚΛΟΦΟΡΙΑΣ ΕΡΓΑΖΟΜΕΝΟΥ

CERTIFICATE OF MOVEMENT OF EMPLOYEES

Employee _____
of _____
of the company / body _____
with ID number _____

it is necessary to move within the boundaries
of the region _____

for work reasons relating to:
☐ same company / body ☐ other company / body with:

Name: _____
Person's Name: _____
Responsible phone: _____
Intermediate hours:
_____ am and _____ am
_____ pm and _____ pm

The senior employee's identification will be done by demonstration
his / her identity.

Signature