

Advance three months Itinerary & Activity Plan

Name: _____ Designation: _____ Months: From _____ To: _____



Sl	Activities and Priority Order	Month										Comments and Accomplishment
		Name of Month:			Name of Month:			Name of Month:				
		DT	DY		DT	DY		DT	DY			
1		1			1			1			Prepared by (Sign & Date)	
2		2			2			2				
3		3			3			3				
4		4			4			4				
5		5			5			5				
6		6			6			6				
7		7			7			7				
8		8			8			8				
9		9			9			9				
10		10			10			10				
11		11			11			11				
12		12			12			12				
13	Next Follow up	13			13			13				1st Supervisor's Comment
1		14			14			14				
2		15			15			15				
3		16			16			16				
4		17			17			17				
5		18			18			18			2nd Supervisor's Comment	
	Description	Theory	Actual									
	Working Days			19				19				
	Holidays			20				20				
	Weekly			21				21				
	Official			22				22				
	Leave			23				23			HR Section's Comments	
	Annual			24				24				
	Medical			25				25				
	Special			26				26				
	Base Office			27				27				
	Principal Office			28				28				
	Field			29				29				
	Training			30				30				
	Others			31				31				