HR	ADMI	NISTRAT	ION V	/ERIFICATION	CHECKLIST	FORMAT NO. REV. NO. REV.DATE.	
DATE	& TIME	AUDIT NO.		AUDITOR(S)		AUDITEE(S)	
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AUDIT METHOD				SCOPE OF AUDIT			
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#	CI	HECKLIST POI	NTS	CHECK EVIDENCE	STATUS	COMMENT	
FINAL CONCLUSION							
AUDIT REPORT							
AUDIT STATUS							
					LEAD AUDITOR SIG	N. MANAGER - H.R. SIGN.	