



## NEW EMPLOYEE JOINING FORM

EMP NAME:

DESIGNATION:

DEPARTMENT / SECTION:

LOCATION:

REPORTING TO:

DATE OF REPORTING:

Remarks:

EMP SIGN:  
DATE:

SECTION HEAD SIGN:  
DATE:

### APPROVALS

DEPARTMENT HEAD :

DATE:

HEAD OF HR & ADMIN:

DATE:

COO/CFO :

DATE :

### For HR/ADMIN use

DATE OF JOINING:

EMP ID:

HR/ADMIN SECTION SIGN:  
DATE:

PAYROLL SECTION SIGN:  
DATE:



## ASSETS & IT - ACCESS FORM

EMP NAME:

DESIGNATION:

DEPARTMENT / SECTION:

REPORTING TO:

DATE OF REQUEST:

### IT ACCESS & ASSETS TO BE PROVIDED (STAFF CATEGORY ONLY)

MBS ☐ STAD PRO ☐ AUTO CAD ☐ ZWCAD ☐ TEKLA ☐ ORACLE ☐

MS OFFICE ☐ OUTLOOK ☐ INTERNET : FULL ACCESS ☐ LIMITED ACCESS ☐

LAP TOP ☐ DESKTOP ☐ PRINTER ☐ TELEPHONE EXTENSION ☐

MOBILE PHONE ☐ SIM CARD ☐ (Phone No: )

Email ID:

### ASSETS TO BE PROVIDED

WORK STATION ☐ STATIONARY SET ☐ TOOLS & EQUIPMENTS ☐ VEHICLE ☐

### APPROVALS

BUDGETED POSITION ☐ NON – BUDGETED POSITION ☐

For Non -budgeted positions prior approval should be taken from the COO/CFO before providing the access.

HOD SIGN

HEAD OF HR/ADMIN

IT SIGN

COO/CFO

### DECLARATION

I, Mr. /Ms. \_\_\_\_\_ understand that the above-mentioned access or assets are given to me according to my job requirements and towards the interest of the company. Hence, I declare that if the above is misused during my services, I will be accountable for the same as per the company rules and regulations.

EMP SIGN:

DATE:



## EMPLOYEE ORIENTATION FORM

|  |  |                                      |               |
|--|--|--------------------------------------|---------------|
| EMP NAME                                 |  | EMP ID                               |               |
| Designation                              |  | Grade                                |               |
| Department                               |  | Date of Joining                      |               |
| <b>Orientation Program Details</b>       |  |                                      |               |
| S.No                                     | Program Contents   | Conducted By                         | Name and Sign |
| 1  | About Acero Building Systems   | HR & ADMIN<br>Department             |               |
| 2  | HR Policy & Procedures: <ul style="list-style-type: none"> <li>Working Days/Hours</li> <li>Leave Entitlement</li> <li>Performance Assessments</li> <li>Training and Advancement</li> <li>Legal Requirements</li> <li>Employee Relations</li> </ul> | HR & ADMIN<br>Department             |               |
| 3  | Administrative Facilities  | HR & ADMIN<br>Department             |               |
| 4  | Introduction of Employee's Department  | Employee's<br>Department             |               |
| 5  | Employee's Roles and Responsibilities  | Employee's<br>Department             |               |
| 6  | Initial Job instructions and assignments   | Reporting Head                       |               |
| 7  | Company Quality Policy and Procedure   | QA/QC Department                     |               |
| 8  | QMS/EMS/SMS Awareness  | Management<br>Representative         |               |
| 9  | Health & Safety Policy and Procedure   | HSE Department                       |               |
| 10                                       | IT Access and Policy (For Staffs)  | IT Department                        |               |
| <b>Attended by (New Employee)</b>        |  | <b>Endorsed by (Department Head)</b> |               |
| SIGN & DATE:                             |  | SIGN & DATE:                         |               |
| <b>Reviewed by (HR/ADMIN Department)</b> |  | <b>Approved by Head of HR</b>        |               |
| SIGN & DATE:                             |  | SIGN & DATE:                         |               |
| ABS/HR/N/ F04 (25/04/2022) V.1           |  |                                      |               |



**CONSENT FORM**  
**(ACCOMMODATION / TRANSPORTATION)**

**EMP DETAILS**

|                  |              |
|------------------|--------------|
| EMP NAME:        | EMP ID:      |
| DEPARTMENT:      | DESIGNATION: |
| DATE OF REQUEST: | CATEGORY:    |

**TRANSPORTATION (For Staff Category)**

Place /Pick up Point: \_\_\_\_\_ City: \_\_\_\_\_

Company Provided Transport: YES ☐ NO ☐

I hereby authorize the company to deduct AED. \_\_\_\_\_ /- per month for the transportation facility provided by the company.

**ACCOMMODATION (For Staff Category)**

Flat/Room No: \_\_\_\_\_

|                    |           |
|--------------------|-----------|
| Accommodated Date: | Location: |
|--------------------|-----------|

I hereby authorize the company to deduct AED. \_\_\_\_\_ /- per month for the accommodation facility provided by the company.

|           |       |
|-----------|-------|
| EMP SIGN: | Date: |
|-----------|-------|

**ACCOMMODATION (For worker Category)**

Flat/Room No: \_\_\_\_\_

|                    |           |
|--------------------|-----------|
| Accommodated Date: | Location: |
|--------------------|-----------|

Accommodation Items

Steel Cot ☐ Mattress ☐ Pillow ☐ Blanket ☐ Locker ☐

|                 |              |
|-----------------|--------------|
| Issued by Sign: | Issued Date: |
|-----------------|--------------|

|           |       |
|-----------|-------|
| EMP Sign: | Date: |
|-----------|-------|

**HR/ADMIN Approvals**

| Accommodation<br>In charge | Transportation<br>In charge | HR/ADMIN<br>Department | HEAD OF HR/ADMIN |
|----------------------------|-----------------------------|------------------------|------------------|
|                            |                             |                        |                  |

Guidelines to be followed while using the above facility:

- Shifting/Moving out from the allotted room without HR/ADMIN approval is not permitted.
- Changing the picking point without HR/ADMIN approval is not permitted.
- Employee should inform the HR/ADMIN while moving out from the accommodation after separation.
- Employee should follow the company's accommodation guidelines and violating the same will be penalized.
- Employee should follow the company's transportation guidelines and violating the same will be penalized.



## EMPLOYEE INFORMATION FORM

|   |   |               |                                  |                |  |
|---|---|---------------|----------------------------------|----------------|--|
| EMP Name:   |   |               |                                  | EMP ID:        |  |
| Designation   |   |               | Grade                            |                |  |
| Department  |   |               | Location                         |                |  |
| Date of Joining                                       |   |               | Date of Birth                    |                |  |
| Category  | Management <input type="checkbox"/> Manager <input type="checkbox"/> Staff <input type="checkbox"/> Worker <input type="checkbox"/> |               |                                  |                |  |
| Gender  | MALE <input type="radio"/> FEMALE <input type="radio"/>   |               | Nationality                      |                |  |
| Religion  |   |               | Blood group                      |                |  |
| Marital Status:                                       | Single <input type="radio"/> Married <input type="radio"/>  |               | Home Town                        |                |  |
|   |   |               | Airport Name                     |                |  |
| Family Details  | Full Name   |               |                                  | Nationality    |  |
| Father  |   |               |                                  |                |  |
| Mother  |   |               |                                  |                |  |
| Spouse  |   |               |                                  |                |  |
| Child (1)   |   |               |                                  |                |  |
| Child (2)   |   |               |                                  |                |  |
| Child (3)   |   |               |                                  |                |  |
| Contact Address<br>(In UAE)<br>Phone Numbers          |   |               |                                  |                |  |
| Contact Address<br>(In Home Country)<br>Phone Numbers |   |               |                                  |                |  |
| Email ID  |   |               |                                  |                |  |
| Emergency Contact No(s):                              |   |               |                                  |                |  |
| Passport No   |   | Date of Issue |                                  | Date of Expiry |  |
| Employee Signature: _____ Date: _____                 |   |               |                                  |                |  |
| For HR/ADMIN Use                                      |   |               |                                  |                |  |
| Salary Details  |   |               |                                  |                |  |
| Basic:  | Housing Allow:  |               | Transport Allow:                 |                |  |
| Miscellaneous Allow:                                  | Mobile Allow:   |               | Food Allow:                      |                |  |
| Company Car Allow:                                    | Petrol card:  |               | Other Allow:                     |                |  |
| Total Salary:   |   |               |                                  |                |  |
| Checked By:<br>HR/ADMIN Department                    |   |               | APPROVED BY:<br>HEAD OF HR/ADMIN |                |  |
| ABS/HR/N/ F05 (25/04/2022) V.1                        |   |               |                                  |                |  |

**BENEFICIARY DECLARATION FORM*****Declaration***

I, the undersigned \_\_\_\_\_, holder of \_\_\_\_\_ Passport No. \_\_\_\_\_, as an employee of Acero Building Systems, insured under the company's Group Life Insurance Policy do hereby appoint \_\_\_\_\_ (relationship) \_\_\_\_\_

to be the sole beneficiary to receive all amounts and compensation payable under the life insurance policy and my end of service benefits in the event of my death.

Address and Phone No of the Nominee:

Note: When ever you have any changes in the nominee and in their contact details, please contact the HR/ADMIN department and update the changes accordingly.

***Employee Details:***

EMP NAME:

EMP ID:

DEPARTMENT:

DESIGNATION:

EMP SIGN:

DATE:

***For HR/ADMIN Use Only***

Remarks:

HR/ADMIN Department Sign:

Date:

HEAD OF HR/ADMIN Sign:

Date:



## NONDISCLOSURE AGREEMENT

This agreement is made as of (date)     /     /     , by and between Acero Building Systems and its affiliate Companies with principal offices at Dubai, UAE , (The Company), and \_\_\_\_\_ (The Employee).

**Purpose:** The Company and The Employee wish to enter an employment relationship in connection with which The Company will disclose its Confidential Information (as defined below) to the Employee (The Relationship).

**Definition of Confidential Information:** Confidential Information means any information or know-how, including but not limited to, that which relates to business strategy, research, product plans, products, services, customers, markets, software, developments, inventions, processes, designs, marketing or finances of The Company, which all shall be deemed as Confidential Information. Confidential Information does not include information or know how which (i) is in the possession of the employee at the time of disclosure as shown by the employee's files and records immediately prior to the time of disclosure, or (ii) prior to or after the time of disclosure becomes part of the public knowledge or literature other than as a result of any improper inaction or action of The Employee or, (iii) is approved by The Company, in writing, for release.

**Nondisclosure of Confidential Information:** The Employee agrees not to use any Confidential Information disclosed to him/her by The Company for any purpose outside of its own operations. The Employee will not disclose any Confidential Information of the Company to parties outside the Relationship or to other employees of The Company other than employees or agents under appropriate burden of confidentiality and who are required to have the information in order to carry out their duties. The Employee agrees that he/she will take all reasonable measures to protect the secrecy of and avoid disclosure or use of Confidential Information of The Company in order to prevent it from falling into the public domain or the possession of persons other than those persons authorized under this Agreement to have any such information.

**Publicity:** The Employee will not, without prior consent of the other party, disclose the confidential information of the company disclosed to the employee to any other person under this agreement, and will not disclose any discussions or negotiations taking place between the parties, except as required by law and then only with prior notice to The Company.

**Return of Materials:** Any materials or documents that have been furnished by The Company to the Employee in connection with The Relationship will be promptly returned by The Employee, accompanied by all copies of such documentation or certification of destruction, at the time of the Employee's separation from the Company.

**Patent or Copyright Infringement:** The company has not granted any rights to The Employee with regards to The Company's rights to patents and copyrights. The Employee is not authorized to reproduce the Company's material, to benefit people not in the Company's direct employment.

**Period:** The forgoing commitments of each party shall be valid for a period of two years from separation of the employment.

**Successors and Assigns:** This agreement shall be binding upon and for the benefits of the undersigned parties, their successors and assigns, provided that Confidential Information of The Company may not be assigned without the prior written consent of The Company. Failure to enforce any provision of this Agreement shall not constitute a waiver of any term hereof.

**Governing Law:** This agreement shall be governed by and enforced in accordance with the laws of the UAE employed region and shall be binding upon The Employee in the UAE and worldwide.

**Remedies:** The Employee agrees that any violation or threatened violation may cause irreparable injury, both financial and strategic, to The Company and in addition to any and all remedies that may be available, in law, in equity or otherwise; The Company may choose to pursue legal action against The Employee.

In Witness whereof, this Nondisclosure Agreement is executed as of the date first above written:

For Acero Building Systems:

The Employee;

Name:

Employee Name:

Signature:

Signature:

Date:

Date: