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| --- | --- | --- | --- | --- | --- |
| **RECRUITMENT: NON-HEALTH PROFESSIONAL**  **APPROVAL FORM** | | | | | |
| **Position:** |  | | | | |
| **Candidates Name:** |  | | | | |
| **Submitted by Recruitment:** | *(Name/Position)* | | | ***Date:*** |  |
| **Comments (Interview form attached):** | | | | | |
|  | | | | | |
| **Reference Checked:** | **(Details)** | | | | |
| **Recommended Package:** | | | | | |
| **Start date:** |  | | **Position Status:** | | Accompanied/Unaccompanied |
| **Visa Status** |  | | **Position Band:** | |  |
| **Basic Salary:** |  | | **Probation Period:** | | 6 months |
| **Emirati Allowance:**  ***(For Emirati employees)*** |  | | **Nature of Work Allowance:** | |  |
| **Health Insurance:**  **(for Non-Emirati)** |  | | **Housing Allowance:** | |  |
| **School Fees:** |  | | **Cost of Living Allowance:** | |  |
| **Vehicle:** |  | | **Transportation Allowance:** | |  |
| **Mobile Phone (details as applicable)** |  | | **Incentives:** | |  |
| **Annual Leave:** |  | | **Hazard Allowance:** | |  |
| **Air Ticket Allowance**  ***(for Non-Emirati)*** |  | | **Mobile Allowance:** | |  |
| ***Other Entitlements:*** |  | | | | |
| **EOSB:**  ***(for Non-Emirati)*** | Yes / No | | | | |
| **Recommended for Approval:**  **…………………………………………………………………....**  **HR and Corporate Services Manager / Head of Emiratization Program** | | | **Date:** | | **…………………………………………** |
| **Approved / Not Approved**  **………………………………………………….…..**  **Chief Administrative Medical Officer** | | | **Date:** | | **…………………………………………** |
| **HR Action:** | | | | | |
| Letter of Offer Issued: | |  | Accepted/Declined: | |  |