

TIME OFF FORM



*** Please fill in the form in CAPITAL LETTER**

Name as in NRIC : _____ Employee No : _____

IC / Passport No. : _____ Designation : _____

Department : _____ Nationality : _____

Contact No. (H/P) :

(Ext.)

(Office)

DETAILS

DATE : _____

TIME OUT : _____ UNTIL : _____

REASON (PLEASE STATE) :

REQUESTED BY:

RECOMMENDED BY: HOD / DIV

VERIFIED BY: HR DEPT.

NAME : _____
DATE : _____

NAME : _____
DATE : _____

NAME : _____
DATE : _____