

**Job Scope  
Employer / FDW Data Sheet**

Offer of Employment made to : (Name of FDW)		ARI WAHYUNI	
<b>Employer's Family Profile</b>			
Employer's Name		Spouse Name	
MR QUICK		MRS QUICK	
List other members of the household. For Children list age & state whether son or daughter in the relationship column.			
Relationship	Age	Relationship	Age
FATHER	68		
MOTHER	68		
<b>Type of Dwelling - FDW's Place of work</b>			
<input type="checkbox"/> Landed Bungalow	<input type="checkbox"/> Condominium	<input type="checkbox"/> FLAT___-Room Flat	
<input type="checkbox"/> Landed Semi-Detached	<input type="checkbox"/> Private Apartment	(Specify no. of Room)	
<input checked="" type="checkbox"/> Landed Terrace House		<input type="checkbox"/> Other _____State	
<b>For Dwelling, please provide the following information:</b>			
Please state below no. of storey (for landed property or floor level (for high-rise)	Please state below number of bedrooms in the house / flat	Please state below, number of wash rooms in the house/flat	
2 storey	3	3	
Are employer & spouse residing in the above described dwelling ?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Duties of the Domestic Worker, Tick where applicable</b>			
<input checked="" type="checkbox"/> Cooking	<input checked="" type="checkbox"/> Laundry ( Hand wash)	<input checked="" type="checkbox"/> Marketing	
<input checked="" type="checkbox"/> Cleaning / Tidying	<input checked="" type="checkbox"/> Gardening	<input type="checkbox"/> Caring for Baby	
<input checked="" type="checkbox"/> Tending to Elderly Person	<input checked="" type="checkbox"/> Tending to Chronically ill	<input type="checkbox"/> Minding Children	
<input type="checkbox"/> Fetching Children to / from school or lessons	<input type="checkbox"/> Other Please state below _____	<input type="checkbox"/> Other Please state below _____	
<b>Essential FDW's Terms of Employment</b>			
Monthly Salary ( Inclusive of full board & lodging ) -Compensate Rm86.54 per off	RM1500	Off days per month during probation Off days per month after probation	NO OFF
Special requirements / Requests by employer (special care for elderly , chronically ill relative, etc ) :			
Mam go hospital, follow mam go and assits			

Employer's Signature

FDW's Signature