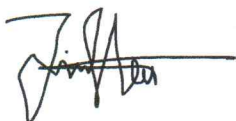


**Job Scope
Employer / FDW Data Sheet**

Offer of Employment made to : (Name of FDW)		TRIAN SUPRIATIN	
Employer's Family Profile			
Employer's Name		Spouse Name	
LAI CHUN WENG		DANIK ERSIANAWATI	
List other members of the household. For Children list age & state whether son or daughter in the relationship column.			
Relationship	Age	Relationship	Age
SON	9YO		
SON	2YO		
Type of Dwelling - FDW's Place of work			
<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	
For Dwelling, please provide the following information:			
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	
02 STOREY			
Are employer & spouse residing in the above described dwelling ?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Duties of the Domestic Worker, Tick where applicable			
<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 checked="" type="checkbox"/> Caring for Baby	
<input type="checkbox"/> Tending to Elderly Person	<input type="checkbox"/> Tending to Chronically ill	<input checked="" type="checkbox"/> Minding Children	
<input checked="" type="checkbox"/> Fetching Children to / from school or lessons	<input type="checkbox"/> Other Please state below _____	<input type="checkbox"/> Other Please state below _____	
Essential FDW's Terms of Employment			
Monthly Salary (Inclusive of full board & lodging)	RM1500	Off days per month during probation	-Compensate Rm86.54 per off
		Off days per month after probation	
Special requirements / Requests by employer (special care for elderly , chronically ill relative, etc) :			
Employer house has dog			



Employer's Signature

FDW's Signature