#

#  REPORT DUTY FORM

Please affix recent photo

|  |  |
| --- | --- |
| **Staff Name :** |  |
| **Designation/Job Title :** |  |
| **Department/School :** |  |
| **Report duty date confirmation :** |  |
| **I confirm that the above staff has reported duty on the date mentioned above.****…………………………………..** **Name and stamp :****Date :** |

UTS-HCAD-P01-RDF

|  |
| --- |
| 1. **PERSONAL DETAILS**
 |

|  |  |
| --- | --- |
| **Full Name:** |  |
| **IC No:** |  | **Date of Birth:** |  |
| **Age:** |  | **Sex:** |  |
| **Race:** |  | **Religion:** |  |
| **Nationality:** |  | **Hometown:** |  |
| **Contact No (M):** |  | **Marital Status:** |  |
| **KWSP No :** |  | **Socso No :** |  |
| **Income Tax No :** |  | **Bank Account No PBB/BIMB** |  |
| **Correspondence Address:** |  |
| **Permanent Address:** |  |
| **Email:**  |  |

|  |
| --- |
| 1. **EDUCATION DETAILS**
 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of School / College / University** | **Year Attended** | **Graduation Date** | **Qualification** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| 1. **CURRENT DESIGNATION**
 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Position :** |  | **Grade :** |  |
| **Department :**  |  | **Related Program :** |  |
| **Appointment Date :** |  | **Monthly Salary :** |  |

UTS-HCAD-P01-RDF

|  |
| --- |
| 1. **EMPLOYMENT HISTORY**
 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Company Name** | **Employer Contact No.** | **Job Title** | **Period** | **Basic Salary** | **Reasons for Leaving** |
| **From** | **To** | **Starting** | **Last Drawn** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

|  |
| --- |
| 1. **SPOUSE DETAILS**
 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name :** |  | **IC No :** |  |
| **Contact No :**  |  | **Date of Birth :** |  |
| **Race :** |  | **Citizenship :** |  |
| **Designation :** |  | **Employer :** |  |
| **Address :** |  |

|  |
| --- |
| 1. **LIST OF DEPENDENT(S)**
 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Relation** | **Age** | **Occupation** | **Employer** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

\*Immediate family member

 UTS-HCAD-P01-RDF

|  |
| --- |
| 1. **BENEFICIARY**
 |

|  |  |
| --- | --- |
| **Name of Beneficiary :** |  |
| **Employer :** |  |
| **Designation :** |  |
| **Contact No :** |  |
| **Address :** |  |

|  |
| --- |
|  **DISCLAIMER AND SIGNATURE** |

I declare that all the information given in this application is complete and accurate to the best of my knowledge. Enclosed are a copy of my education, professionals, qualification and/or appropriate recommendation letters. I fully understand and accept that if at any time after my employment, it is found that any false declaration has been made in this form, including withholding of any relevant information, the company has the absolute right to summarily terminate my employment forthwith. I signify my understanding and agreement to the foregoing by signing below.

|  |  |
| --- | --- |
| **Signature:** | **Date:** |