# Uniform Application Form

**Name : Employee no.:**

**Position : Gender :**

**School/Department : Ext. No. :**

**e-mail : Report Duty Date :**

**Remark :**

**Requester’s Signature: …………………………………………………. Date *:*****………………………..………………**

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**To: Bursary Office**

**The above staff is entitle to claim UTS Uniform as ( √ ) below:-**

**Piece**

**[ ] 1. CORPORATE UNIFORM**

**[ ] 2. EXECUTIVE JACKET**

**[ ] 3. T-SHIRT**

**[ ] 4. TECHNICIAN JACKET**

**[ ] 5. DRIVER JACKET**

**[ ] 6. ………………………………………..**

**Checked By : Approved By :**

**………………………………….…………………….….. ………………………………….…………………….…..**

**Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Head of HCAD**

**Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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***For Bursary office use only***

**Received By : Issued By :**

**………………………………….…………………….……. ………………………………….…………………….…...**

**Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**