

### MENTOR FACILITIES MANAGEMENT SDN BHD (865044 V)

A-35-1 & 13, Tower A, Menara UOA Bangsar, No 5, Jalan Bangsar Utama 1, Bangsar, 59000, Kuala LUmpur. Tel : 03- 2284 2170 Fax: 03-2202 2160

Name of Employee	:	Month of	:
Business Unit	:	Department	:
Position	:	Location	:
		Handphone no	:

# TIME ATTENDANCE

Date	Day	Time In	Time Out	Description	Remarks				
1									
2									
3									
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31									
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EMPI	LOYEE		VERIFIED BY		APPROVAL
I confirm the above inform	nation is true and correct.				
		Name	:	Name	:
Date	:	Designation	:	Designation	:
		Date	:	Date	:
Employee's Signature	:	Signature	<u>:</u>	Signature	<u>:</u>

# MENTOR

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No. A-35-1 &13, Tower A,Menara UOA Bangsar No5, Jalan Bangsar Utama 1, Bangsar 59000, Kuala Lumpur. Tel: 03 2284 2170 Fax: 03 2202 2160

Name of Employee	:		Month of	:	
<b>Business Unit</b>	:		Department	:	
Position	:		Location	:	
			Handphone no	:	

OVE	Handphone no :  VERTIME											
<b>N</b> 1-	D-t-	OT Description	N	-1 D	Tatalillana		Overtime	T-4-111	D. bila	Hallda	Tatalillana	
No	Date	(Please state the details / the events)	From	al Day To	Total Hour (s)	From	To To	Total Hour (s)	From	Holiday To	Total Hour (s)	Verified by
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31												
		t be performed without the prior approval of the imm										

\*Overtime should not be performed without the prior approval of the immediate supervisor or department head. When overtime is unavoidable, it must be endorsed in advance and should be managed as efficiently and economically as possible.

EMPLOYEE		APPROVAL		MFM
I confirm the above information is true and correct	Name	<u>:</u>	Name	:
	Designation	<u>:</u>	Designation	:
	Date	<u>:</u>	Date	:
	Signature	;	Signature	:



# MENTOR FACILITIES MANAGEMENT SDN BHD (865044 V)

A-35-1 & 13, Tower A, Menara UOA Bangsar, No 5, Jalan Bangsar Utama 1, Bangsar, 59000, Kuala LUmpur. Tel: 03-2284 2170 Fax: 03-2202 2160

Name of Employee : Business Unit : Position :			Month of Department Location	:		
Contact no :						
LEAVE APPLICATION						
Leave type	Date From	Date To	Total		Record	
	Date 110111	Date 10	10101	Leave Type	AL	MC
Annual				Entitlement		
Emergency				Taken		
Compassionate				This Leave		
Medical				Balance		
Hospitalization				Reason to apply leave	<u>:</u>	
Maternity						
Paternity						
Others				1		
nnual leave form must be subm		rs in advance. Late	submission will be treate	ed as an Emergency Leave.		
EMPLOYEE		(IMM	APPROVAL EDIATE SUPERIOR)		MFM	
I confirm the above informa correct	tion is true and					
Signature / Da	te	Name	e / Signature / Date	Sig	nature / Dat	e
eason of not to be approved	1:					



### **MENTOR FACILITIES MANAGEMENT SDN BHD (865044 V)**

A-35-1 & 13, Tower A, Menara UOA Bangsar, No 5, Jalan Bangsar Utama 1, Bangsar, 59000, Kuala LUmpur. Tel: 03-2284 2170 Fax: 03-2202 2160

Name of Employee	:	Month of	:	
Business Unit	:	Department	:	
Position	:	Location	:	
		Handphone No	:	

### **CLAIM**

Date	Description	Receipts No	Medical (RM)	Travelling (KM)	Others (RM)
	Total				

 $<sup>\</sup>ensuremath{^{*}}$  For Travelling Claim, please state the milage in KM and mode of transportation

EMPLOYEE	А	PPROVAL	MFM
I confirm the above information is true and correct	Name	:	Name <u>:</u>
	Designation	:	Designation :
	Date	<u>:</u>	Date :
(Signature)	Signature	<u>:</u>	Signature <u>:</u>