



MENTOR FACILITIES MANAGEMENT SDN BHD (865044 V)

MFMF 03

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					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

EMPLOYEE	VERIFIED BY	APPROVAL
I confirm the above information is true and correct.	Name : _____	Name : _____
Date : _____	Designation : _____	Designation : _____
	Date : _____	Date : _____
Employee's Signature : _____	Signature : _____	Signature : _____



MENTOR FACILITIES MANAGEMENT SDN BHD (865044 V)

MFMF 05/Revised

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 : _____
Business Unit : _____ Department : _____
Position : _____ Location : _____
Handphone no : _____

OVERTIME

No	Date	OT Description (Please state the details / the events)	Normal Day		Total Hour (s)	Rest Day		Total Hour (s)	Public Holiday		Total Hour (s)	Verified by
			From	To		From	To		From	To		
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
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21												
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27												
28												
29												
30												
31												

*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	MFMM
I confirm the above information is true and correct	Name : _____ Designation : _____ Date : _____ Signature : _____	Name : _____ Designation : _____ Date : _____ Signature : _____

Reason of not to be approved :



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

[illegible]

EMPLOYEE	APPROVAL	MFM
I confirm the above information is true and correct	Name : _____	Name : _____
	Designation : _____	Designation : _____
	Date : _____	Date : _____
	Signature : _____	Signature : _____
_____ (Signature)		