

## APPLICATION FOR ACCESS CARD

REF \_\_\_\_\_



UMEDIC GROUP

UMEDIC HEALTHCARE S/B

UWHM

## Tick Boxes Where Applicable



NEW



REPLACEMENT



UPGRADE

**APPLICANT**

NAME : IFFAH NAJIHAH BINTI JANTAN

DATE JOINED : 1 APRIL 2021

EMP. NO. : CM098

DATE REQ : 26 FEB 2025

DEPT. : LABORATORY

NRIC NO. : 97020275068

JUSTIFICATION : Easier access to production and water systems for testing and sample collection. Autoclaved parts from production is delivered through back door.

**ACCESS AREA**

Server Room

Service Assembly to Prod

Service Dept

Service Dept to Prod

Outdoor to Prod

UMC Prod Side Door

Prod Back Door

Prod to UWHM

SR Pantry to Prod

SR to SR Pantry

SR to Staircase

Outdoor to Staircase

Lobby to SR

Lobby

## SIGN

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

HR HOD

DIRECTOR

HR HOD

DIRECTOR

HR HOD

CLINICAL

HR HOD

HR HOD

CLINICAL

HR HOD



Meeting Room D1

Meeting Room D2

Training Room

Lobby to Meeting Room

MR UWHM Staircase

TR to UWHM Prod

Pantry to Staircase

Off. to Pantry First Floor

File Room

## SIGN

HR HOD

HR HOD

HR HOD

HR HOD

DIRECTOR

DIRECTOR

HR HOD

HR HOD

HR HOD



Director Room

Finance Room

Purchasing Room

Branch Manager Room

Office Main Entrance

Guard House

Office Emergency Door

## SIGN

DIRECTOR

FIN HOD

PUR HOD

DIRECTOR

HR HOD

HR HOD

DIRECTOR

OTHERS : Laboratory back door staircase.

\* SR = Showroom

MR = Meeting Room

Off = Office

TR = Training Room

BY THIS APPLICATION OF THE ACCESS CARD, THE EMPLOYEE HEREIN, AGREES, HAVING UNDERSTOOD THAT THE SMART CARD IS FOR THEIR INDIVIDUAL USAGE AND SHALL NOT LEND OR SHARE WITH OTHERS. IN THE EVENT IF THERE IS EVIDENCE OF MISUSED OR VIOLATION OF THE INTENDED PURPOSE OF THE CARD, CARD HOLDER IS LIABLE TO FACE DISCIPLINARY ACTION INCLUDING INSTANT TERMINATION OF SERVICE WITHOUT COMPENSATION. IN THE EVENT OF MISPLACE, OR LOST CARD, THE RECEIVER SHALL REPORT TO THE ISSUING AUTHORITY IMMEDIATELY, FAILING WHICH THE RECEIVER IS LIABLE FOR DISCIPLINARY ACTION. UPON APPLICATION, APPLICANT AGREES FOR RM10/- BE DEDUCTED FROM THE IMMEDIATE MONTH SALARY AS SECURITY DEPOSIT, REFUNDABLE UPON RETURN OF CARD. CARD REPLACEMENT FEES RM10/= , AT ANY ONE TIME.

**SIGNATORY**

APPLICANT

DATE 26 FEB 2025

**APPROVAL**

DEPARTMENT HEAD

DATE

DIRECTOR

SECURITY

DATE

CARD ISSUED BY : \_\_\_\_\_

DATE \_\_\_\_\_

CARD NUMBER : \_\_\_\_\_

DATE RECEIVED : \_\_\_\_\_

RECEIVED BY \_\_\_\_\_