

APPLICATION FOR ACCESS CARD

REF _____

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UMEDIC GROUP

UMEDIC HEALTHCARE S/B

UWHM

Tick Boxes Where Applicable

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NEW

☐

REPLACEMENT

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UPGRADE

APPLICANT

NAME : Teng Wan Ying DATE JOINED : 10 Jul 2023
 EMP. NO. : CM 254 DATE REQ : 26 Feb 2025
 DEPT. : Laboratory NRIC NO. : 970214-07-5524
 JUSTIFICATION : To access lab door from outside staircase, so that easier to receive lab samples, and also production equipment for autoclaving

ACCESS AREA

<input type="checkbox"/> Server Room	SIGN <u>DIRECTOR</u>	<input type="checkbox"/> Meeting Room D1	SIGN <u>HR HOD</u>	<input type="checkbox"/> Director Room	SIGN <u>DIRECTOR</u>
<input type="checkbox"/> Service Assembly to Prod	<u>DIRECTOR</u>	<input type="checkbox"/> Meeting Room D2	<u>HR HOD</u>	<input type="checkbox"/> Finance Room	<u>FIN HOD</u>
<input type="checkbox"/> Service Dept	<u>DIRECTOR</u>	<input type="checkbox"/> Training Room	<u>HR HOD</u>	<input type="checkbox"/> Purchasing Room	<u>PUR HOD</u>
<input type="checkbox"/> Service Dept to Prod	<u>DIRECTOR</u>	<input type="checkbox"/> Lobby to Meeting Room	<u>HR HOD</u>	<input type="checkbox"/> Branch Manager Room	<u>DIRECTOR</u>
<input type="checkbox"/> Outdoor to Prod	<u>HR HOD</u>	<input type="checkbox"/> MR UWHM Staircase	<u>DIRECTOR</u>	<input type="checkbox"/> Office Main Entrance	<u>HR HOD</u>
<input type="checkbox"/> UMC Prod Side Door	<u>DIRECTOR</u>	<input type="checkbox"/> TR to UWHM Prod	<u>DIRECTOR</u>	<input type="checkbox"/> Guard House	<u>HR HOD</u>
<input type="checkbox"/> Prod Back Door	<u>HR HOD</u>	<input type="checkbox"/> Pantry to Staircase	<u>HR HOD</u>	<input type="checkbox"/> Office Emergency Door	<u>DIRECTOR</u>
<input type="checkbox"/> Prod to UWHM	<u>DIRECTOR</u>	<input type="checkbox"/> Off. to Pantry First Floor	<u>HR HOD</u>		
<input type="checkbox"/> SR Pantry to Prod	<u>HR HOD</u>	<input type="checkbox"/> File Room	<u>HR HOD</u>		
<input type="checkbox"/> SR to SR Pantry	<u>CLINICAL</u>				
<input type="checkbox"/> SR to Staircase	<u>HR HOD</u>				
<input type="checkbox"/> Outdoor to Staircase	<u>HR HOD</u>				
<input type="checkbox"/> Lobby to SR	<u>CLINICAL</u>				
<input type="checkbox"/> Lobby	<u>HR HOD</u>				

OTHERS :

Outdoor to lab

* 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 _____