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|  | **MANAGEMENT SERVICES DIVISION** |

**APPLICATION FOR AIR-FARE TO VISIT HOME REGION**

**(Please fill in the relevant space and \*cancel where not applicable by cross-line)**

**-----------------------------------------------------------------------------------------------------------**

**Section A : to be completed by Staff member :-**

**1.** I would like to apply for air-fare to visit home region:-

me to\* Kota Kinabalu/Kuching, *or*

me and spouse/children to \*Kota Kinabalu/Kuching, *or*

spouse/children from \*Kota Kinabalu/Kuching to visit me

**2.** My personal details :-

a. Name / Staff No. : .................................................................

b. The address of : ..................................................................

Home Region

c. Name and address of : ..................................................................

biological parents

(i) Father : ..................................................................

I/C No. : ..................................................................

(ii) Mother : ..................................................................

I/C No. : ..................................................................

d. Name of Spouse : ..................................................................

Spouse Employee Address ..................................................................

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..................................................................

e. Date of air-fare needed : ..................................................................

f. Date of last air-fare : ..................................................................

utilised (if relevant)

Signature : ..................................................................

Name : ..................................................................

Designation : ..................................................................

Date : ..................................................................

**3.** Air fare for my family members:-

***No. Name Age Relationship***

(i)

(ii)

(iii)

(iv)

(v)

*(Copies of document of the above are needed for certification)*

I certify that all informations give are true. If any of the information is found false, I will not be considered further.

........................................... ......................................

(Signature) (Date)

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**Section B: to be completed by spouse's employer.**

I hereby declare that the spouse of the staff is provided/not provided air-tickets to home state by his/her employer.

Signature : ..................................................................

Name : ..................................................................

Designation : ..................................................................

Date : ..................................................................

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section C: to be completed by the Kulliyyah/Centre/Division/Institute/Office**

I confirm that all informations given are \*true/not true and therefore \*recommend/do not recommend for \*his/her application be approved. The budget will be borne by the Kulliyyah/Centre/Division/Institute/Office

..................................... ......................................

(Signature) (Date)

...........................................

(Official Stamp/Designation)

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**Section** **D: Approval of the Assistant Director, Management Services Division**

***\**** Approved / Not Approved

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(Signature) (Date)

*Management Services Division*