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

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

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

 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 : ..................................................................

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**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*