



PEGASUS AUTOMATION SDN BHD (778197-P)

DUAL EMPLOYMENT FORM

Employee name: _____
Department: _____

Date: _____

SEND FOR APPROVALS TO : Office of the Management & Account Department.

TO BE COMPLETED BY EMPLOYEE

PRESENT EMPLOYMENT:

Name _____ Agency (Where employed) _____
Title _____ Dept. ID _____
Email Address _____ Employed ID _____

Primary Employment Work Schedule (Optional):

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____

ADDITIONAL EMPLOYMENT REQUEST:

I request approval to render additional service to the _____ (Name of Agency) _____ (Dept. ID)
at _____, for the period from _____ through _____
for the purpose of _____ (Brief Description of Work to be Performed)

Dual Employment/Extra Service Employment Work Schedule (Optional) :

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____

I do not render additional service in any other agency

I render additional service in another agency. The name of that agency is _____ Dept. ID _____

The requested additional service will not interfere with my regular duties.

Date _____ Signature _____

Applicant's Use	For Office Use
Applicant's Signature: _____	Verified By: _____ Approved By (Management): _____