



EMPLOYEE UNIFORM REQUISITION

Employee Name	
Position	

	Type	Size	Quantity Received
Men	Short Sleeves		
	Long Sleeves		
Ladies	Short Sleeves		
	Long Sleeves		
Totals			

By signature below, I confirm that I have received the uniform items noted above.

Further, I understand that the uniform items remain the property of the SLG Construction Sdn Bhd and shall be returned upon request or upon termination of employment, whether voluntary or involuntary.

Signature

Date

For office use only

Uniform in-Stock / Balance					
Gender / Type of Uniform	Size / Balance				
	S	M	L	XL	XXL
Men / Short Sleeves					
Men / Long Sleeves					
Ladies / Short Sleeves					
Ladies / long Sleeves					

Approved by	Checked by
Name :	Name :
Position :	Position :
Date :	Date :