



PLASTICTECNIC (M) SDN BHD 197601004542(30481-V)

Lot 1, Jalan P/2A, Kawasan Perusahaan Pkt 1, Peti Surat 30,
43650 Bandar Baru Bangi, Selangor Darul Ehsan, Malaysia
Tel: (6) 03-8925 6950 (8 lines) Fax: (6) 03-8925 6955
URL: www.plastictecnic.com



MEMORANDUM

Date : 15 October 2020

To : All employees

From : HR and Admin Department

RE : EMPLOYEE SELF DECLARATION FORM (GENERAL) FOR COVID- 19

The covid-19 is spreading fast in our community and travelling increases our chances of getting and spreading covid-19. Once again to enhance our protection towards our employees, we kindly advice that staying home after working hours is the best way to protect yourself and others from this pandemic. You may feel well and not have any symptoms, but you can still spread the virus to others.

Hence, we hereby humbly request our employee to declare themselves if they have attended or travel to those infected places and/or area, especially those shopping malls by filling up- **EMPLOYEE SELF DECLARATION FORM (GENERAL)**.

All employees shall adhere strictly to all the guidelines set by the government and the company with full cooperation to stem the spread of COVID-19.

For all Head of Departments, kindly disseminate the above information to all your subordinates.

Your cooperation and support are highly important in the effort to combat this outbreak. Let's work together in minimizing all possibilities and protect the community including our loved ones.

Thank you.

Wong Wai Fun
HR and Admin Manager

EMPLOYEE SELF DECLARATION FORM (GENERAL)

This form must be filled in by employees below and submit the form to HR if:-

- a) Employees who had attended or have planned to attend any events (e.g.: wedding/ engagement/ open house/ funeral/ etc.) or any other gathering with more than 20 people (including within Selangor/N.Sembilan state)
- b) Employees or their house whole members who had been to area that had been confirmed infected with Covid-19 cases.
- c) Employees or their house whole members who had close contact with any suspected /diagnosed Covid-19 patient or person.

Name : _____ Emp. Id: _____

Department : _____ Position: _____ Site: _____

Contact (H/P): _____ Immediate superior: _____

a) Attend any event/gathering

Meeting/ gathering location: _____

Reason: _____

Travelled (Start date): _____

Travelled (End date): _____

Travelled with: _____

Expected date of returning to work:

b) Been to confirmed infected area

Meeting/ gathering location: _____

Reason: _____

Reason been there: _____

Date been there: _____

c) Close contact suspected / diagnosed

Relationship: _____

Staying together? yes / no

Date of suspect / diagnose: _____

Suspected source: _____

I _____ Emp. Id. _____ hereby declare that I have been briefed on the precautionary measure taken by the company during this pandemic situation (Covid-19) and I fully understand and agreed to adhere to the said guideline.

I also understand that providing false information or misleading information is an offense and that subject to company disciplinary action or any legal action.

Signature : _____

HOD acknowledgement: _____

Date : _____

Name : _____

Date : _____