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| Date: |  | Ref: |  |

| Requested by: |  | | Department: | |  | | |
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| Purpose of Request: |  | Organization’s Requirements |  | QMS Requirements | |  | Production Needs |

| No | Position | Job Specification | Skill Required | Expected Salary | Qty | Existing Qty | Remarks |
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| Expected resource allocation before: \_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign: \_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_  Verified by Head of Division: \_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved by CEO: \_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_­  Date: \_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |

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| Office Use Only | | | | | |
| Request received date: |  |  | Accepted for process |  | Rejected |
| Notes:  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |