**KETERANGAN MENGENAI SIJIL SAKIT**

**Nama :................................................................................................
Jawatan :................................................................................................
No.KPN :................................................................................................
Cuti Sakit Selama :.........hari mula daripada....................hingga.......................**

 **..........................................................................
 T/tangan Ketua Bahagian/Cawangan**

 **.........................................................................
 T/tangan Pt.Cuti.**

[ ] > ***HRMIS telah dilaksanakan***