PARTICULARS OF EMPLOYEES INVOLVED IN THE RETRENCHMENT EXERCISE

Employer's/ Company Name :

Address :

Contact Persons :

Tel & Faks No. :

E-Mail Address :

Date Of Retrenchment Exercise to be carried out :

No	Name	No. ID	Address	Postcode	Town	Telephone No.	Nationality	Sex	Religion	Maritlal Status	Academic Qualification	Designation/ Occupation	Commencement Date of work	Wages (Per-month/Per-day)

Date :

Company Stamp / Chop:

Signature :

Name :

Position :

Note : *Please follow this exact Format if you are to create your own soft copy.*