



FORM SMARTCARD REQUEST FOR EMPLOYEE

FORM/CISD/FRM-04/Rev-00

NIK

Replacement Card*

(Nomor Induk Karyawan)

(*Please request finance validation below in box 2)

Full Name

(Max 20 Char)

Handphone

(Optional)

Email

(Optional)

Employee Type

Staff

Security

Full Time Lecturer

Services

Part - Time Lecturer

Other _____

Department / Faculty

Please ensure the accuracy of your card.

By signing this form, you stated that you received the card in good & working condition. _____

Received By,

Full Name

Date

(1) HRD Validation

stamp and signature of HRD

* For replacement card request, please present proof of payment to Finance Department and have them validate this form.

(2) Finance Validation

stamp and signature of Finance Dept.

Filled by the Officer
Picture Taken By :
Date Picture Taken :
Date Card received :

Payment To Be Made To:
Bank CIMB NIAGA - Cabang UPH
a/n. Yayasan Universitas Pelita Harapan (YUPH)
Rek. No. 570-30-80025.3