



ADMINISTRATIVE & FINANCIAL AFFAIRS Human Resources Office

الشؤون الإدارية والمالية

مكتب الموارد البشرية

Joining Duties Form

A. This Section to be completed by the Staff Member
Staff Name: _____ Staff Number: _____ Department _____ Position: _____ Date of Joining to work: ____/____/____ Staff Signature _____ Date: ____/____/____
B. This Section to be completed by the Head of Department
I confirm that the above staff member starts working on: ____/____/____ HOD Name: _____ Department: _____ HOD. Signature _____ Date: ____/____/____
C. This Section to be completed by Administrative and Financial Affairs
I confirm that the above staff Member starts working on: ____/____/____ HR Manager Signature _____ Date: ____/____/____ I endorse the above information about Staff Member. Salary to Start from: ____/____/____ Senior Manager (Admin & Finance) Signature _____ Date: ____/____/____
D. This Section to be completed by the College Dean
Dean's approval _____ Date: ____/____/____