MA GROUP
OF COMPANIES

Human Resources

Forms Pack

A controlled set of standard HR forms for use across MA Group, aligned with the MA Group HR Policy and UAE Labour Law. Print or complete digitally; route for approval as indicated on each form.

Document Code	Version	Issued
MAG/HR/FORMS/2026/Rev00	Rev 00 (Draft)	19 June 2026

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MAG/HR/F-01	Employee Information Form	Onboarding / personal file record
MAG/HR/F-02	Leave Request Form	Annual, sick, unpaid & emergency leave
MAG/HR/F-03	Weekly Timesheet & Attendance Record	Daily in/out, hours & overtime
MAG/HR/F-04	Expense & Petty Cash Claim	Reimbursement of work expenses
MAG/HR/F-05	Salary Advance Request	Advance against salary with repayment plan
MAG/HR/F-06	Disciplinary / Warning Notice	Verbal, written & final warnings
MAG/HR/F-07	Employee Final Clearance	Exit clearance & final settlement

Employee Information Form

Form Code	Revision	Effective	Owner
MAG/HR/F-01	Rev 00	June 2026	HR Department

Captured on joining and kept in the employee file. Please complete in full and attach the listed documents.

Company: ☐ Marvellous Art (Fit-Out) ☐ M.A Building Contracting ☐ M.A Building Maintenance

1. Personal Details

Full Name (as passport)		**Date of Birth**	
Nationality		**Gender**	
Marital Status		**Emirates ID No.**	
Passport No.		**Passport Expiry**	
Mobile No.		**Personal Email**	

Residential Address (UAE):

2. Emergency Contact

Contact Name		**Relationship**	
Mobile No.		**Alternate No.**	

3. Employment Details

Employee ID		**Date of Joining**	
Job Title		**Department**	
Reports To		**Work Location**	
Employment Type		**Probation End**	
Labour Card No.		**Visa Expiry**	
Insurance Card No.		**Insurance Expiry**	

4. Bank Details (for WPS salary)

Bank Name		**Account No.**	
IBAN		**Currency**	

5. Documents on File

☐ Passport copy ☐ Visa / residence ☐ Emirates ID ☐ Photo ☐ Signed contract ☐ Offer letter ☐ Certificates ☐ Labour card

Declaration: I confirm the above information is true and will inform HR of any change.

Employee	HR / Admin
Name: Date:	Name: Date:

Leave Request Form

Form Code	Revision	Effective	Owner
MAG/HR/F-02	Rev 00	June 2026	HR Department

Submit in advance and complete a proper handover. Approved by your line manager and HR before the leave starts.

Company: ☐ Marvellous Art (Fit-Out) ☐ M.A Building Contracting ☐ M.A Building Maintenance

Employee Name		**Employee ID**	
Designation		**Department**	
Work Location		**Date of Request**	

Leave Details

Leave Type: ☐ Annual ☐ Sick (with DHA cert.) ☐ Sick (no cert.) ☐ Unpaid ☐ Emergency ☐ Other

Leave From		**Leave To**	
Total Days		**Resuming On**	
Reason			

Handover During Absence

Handover To		**Contactable On**	
Pending Tasks / Notes			

For HR Use

Leave Balance Before		**Days Taken**	
Balance After		**Salary Impact**	

Note: Annual leave (30 calendar days) applies after one year of service and is paid on basic salary. Sick leave needs prior approval; a DHA-attested certificate is required for more than one day per month and for weekend-linked absences. Unreported absence is treated as a salary deduction per the HR Policy.

Employee	Line Manager	HR / Management
Name: Date:	Name: Date:	Name: Date:

Weekly Timesheet & Attendance Record

Form Code	Revision	Effective	Owner
MAG/HR/F-03	Rev 00	June 2026	HR Department

One sheet per employee per week. Record actual in/out times; the supervisor verifies and signs.

Company: ☐ Marvellous Art (Fit-Out) ☐ M.A Building Contracting ☐ M.A Building Maintenance

Employee Name		**Employee ID**	
Department / Site		**Week Starting**	

Date	Day	Time In	Time Out	Hours	Overtime	Status	Remarks

Total Hours: _____ **Total Overtime:** _____

Status codes: P = Present · A = Absent · L = Late · AL = Annual Leave · SL = Sick Leave · UL = Unpaid · O = Off/Holiday

Note: Working hours: office staff 08:00–17:00; site staff 08:00–18:00; one-hour break (12:00–13:00). Late arrival or early leaving without written approval is treated as a deduction per the HR Policy.

Employee	Supervisor / Manager
Name: Date:	Name: Date:

Expense & Petty Cash Claim

Form Code	Revision	Effective	Owner
MAG/HR/F-04	Rev 00	June 2026	HR Department

For reimbursement of approved work-related expenses. Attach all original receipts; finance records the entry in Zoho.

Company: ☐ Marvellous Art (Fit-Out) ☐ M.A Building Contracting ☐ M.A Building Maintenance

Claimant Name		**Employee ID**	
Department		**Project / Cost Centre**	
Date		**Currency**	

Date	Description	Category	Receipt #	Amount (AED)

Total Claimed (AED): _____ **Advance Held:** _____ **Net Payable:** _____

Payment Method: ☐ Cash ☐ Bank Transfer ☐ Adjust vs Advance

Note: Receipts must be attached for every line. Items ordered in error or in excess of requirement are not reimbursed and are treated per the HR Policy on company assets.

Claimed By	Approved By	Finance (Zoho Ref.)
Name: Date:	Name: Date:	Name: Date:

Salary Advance Request

Form Code	Revision	Effective	Owner
MAG/HR/F-05	Rev 00	June 2026	HR Department

Request an advance against salary, repaid by agreed monthly deductions.

Company: ☐ Marvellous Art (Fit-Out) ☐ M.A Building Contracting ☐ M.A Building Maintenance

Employee Name		**Employee ID**	
Designation		**Department**	
Date of Request		**Date Needed**	

Request

Amount Requested (AED)		**Repay Over (months)**	
Monthly Deduction (AED)		**First Deduction Month**	
Reason for Request			

For HR / Finance Use

Current Basic (AED)		**Existing Deductions**	
Approved Amount (AED)		**Repayment Start**	

Note: Approval is at management discretion. The agreed amount is deducted via WPS payroll over the repayment period; any outstanding balance is settled in the final settlement on exit.

Declaration: I authorise MA Group to deduct the agreed monthly amount from my salary until the advance is fully repaid.

Employee	Line Manager	HR / Management
Name: Date:	Name: Date:	Name: Date:

Disciplinary / Warning Notice

Form Code	Revision	Effective	Owner
MAG/HR/F-06	Rev 00	June 2026	HR Department

Issued to record a breach of policy or conduct and the corrective action required. A copy is kept in the employee file.

Company: ☐ Marvellous Art (Fit-Out) ☐ M.A Building Contracting ☐ M.A Building Maintenance

Employee Name		**Employee ID**	
Designation		**Department**	
Date Issued		**Issued By**	

Notice Type: ☐ Verbal Warning ☐ First Written ☐ Second Written ☐ Final Written ☐ Suspension

Incident

Date of Incident		**Location**	
Description of Misconduct			
Policy Clause Breached			
Previous Warnings (if any)			

Corrective Action & Expectation

Consequence of recurrence: further disciplinary action up to and including termination, as set out in the HR Policy.

Employee Comments

Acknowledgement: Signing confirms receipt of this notice; it does not necessarily indicate agreement.

Employee	Manager	HR / Management
Name: Date:	Name: Date:	Name: Date:

Employee Final Clearance

Form Code	Revision	Effective	Owner
MAG/HR/F-07	Rev 00	June 2026	HR Department

Completed on resignation or end of service to confirm handover, asset return and final settlement.

Company: ☐ Marvellous Art (Fit-Out) ☐ M.A Building Contracting ☐ M.A Building Maintenance

Employee Name		**Employee ID**	
Designation		**Department**	
Date of Joining		**Last Working Day**	
Passport No.		**Reason for Leaving**	

1. Clearance Checklist

Item to Return / Clear	Returned (Y/N)	Cleared By	Date
Laptop / computer			
Mobile & SIM			
Vehicle & fuel card			
Tools & equipment			
Uniform & PPE			
Access card & keys			
Documents & data			
Outstanding advance / loan			

2. Final Settlement

Earnings	Deductions
Salary due: _____	Salary advance: _____
Leave encashment: _____	Asset / damage: _____
End-of-service gratuity: _____	Other: _____

Total Payable (AED): _____

Note: Gratuity is calculated per UAE Labour Law after one year of service. Final settlement is made within the period stated in the HR Policy after all assets are returned and clearance is complete.

Employee confirmation: I confirm all my dues have been settled and I have no further claim against the company.

Prepared By	Checked By	Authorised By
Name: Date:	Name: Date:	Name: Date: