

Western Recovery Physiotherapy Center Sdn.Bhd.

(formerly Western Recovery Center Sdn.Bhd.)

No:38,Jalan Ros Merah Tiga/2,
Taman Johor Jaya,
81100 Johor Bahru.Johor.

Tel:07-355 3830 H/P: 012- 787 6567

2nd August,2020

Miss Leong Kim Moi

Dear Miss Leong Kim Moi,

POSITION OF PHYSIOTHERAPIST

We are pleased to offer you the position of a physiotherapist subject to your passing a medical examination.

2. Your terms and conditions of employment are as follows:-

2.1 Basic Salary	:	RM2,000.00 per month
2.1a Attendance Allowance	:	RM200.00 per month(including time delay on duty).
2.2 Duties and responsibilities	:	Report to Senior in duty and in your absence to clinic director Lee Poh Choo in email or whatsapp. Your duties and responsibilities are as per attached.
2.3 Probationary Period	:	You will undergo a probationary period of 3 months. This period can be extended at the discretion of the Company. After three months for confirmation your salary will be base on the business sales performance.
2.4 Termination of Employment	:	During the probation period, termination of employment can be effected by either party giving to the other seven (7) working days notice in writing and without having to assign any reason thereto. Upon confirmation, termination of employment can be effected by clinic giving to the employee one (1) month notice in writing and without having to assign any reason thereto and the notice period shall be two (2) months before given from employee to inform clinic in writing for termination on their duty.
		Violation of any Criminal Law, the introduction, possession or use of any illegal drugs will be cause for instant dismissal.

Consumption of intoxicating drinks and gambling during office hours will be cause for instant dismissal.

2.5 Your normal working hours : Saturday to Thursday (following company Instruction)
8:30 a.m. - 5:30 p.m. or
9:30 a.m. - 6:30 p.m.

Lunch Break normal day 1 hour
12.30 p.m. - 1.30 p.m.
(lunch time break is flexible.)

If you are required to work overtime or on your off-day or on a public holiday you will be paid according to the Employment Act, 1955.

The above working hours may be revised as and when required.

2.6 E.P.F. / SOCSO : You shall contribute to EPF / SOCSO as per statutory rates and the company shall make similar contributions.

2.7 Annual Leave : You will be entitled to eight (8) working days of annual leave for every 12 months of continuous service. Such leave must be taken at a time convenient to the company. Leave must be applied for in writing and approved before you proceed to go on leave. Proceeding on leave without having the leave approved will be deemed absent without leave. Leave application must be submitted 3 clear days before the leave.

Leave cannot be carried forward to the following year without the prior written approval of the company. Leave can exchange with cash.

2.8 Public Holidays : You shall observe the public holidays as per list attached

2.9 Medical Benefit : The Company will provide you free medical consultation and medicine at the Company's approved clinics and hospitals to a maximum of RM500.00 per annum.

Dental and optical treatment are excluded.

2.10 Medical Leave : If you are unable to report for work for medical or other valid reasons you are to inform clinic director Lee Poh Choo immediately. Medical leave must be supported by a valid medical certificate.

Your sick leave entitlement is 14 days for every 12 months of continuous service.

2.11 Mode of Transportation : You are required to use your own vehicle in performance of your duties.

2.12 Salary Increment and Bonus : Based on your performance and at the sole discretion of the company.

2.13 Dress Attire : Our proper and clean clinic Uniform.

2.14 Clinic Telephone : You may use the office telephone for official calls only.

2.15 Clinic Secrecy : All information obtained in the course of work with the company shall be deemed to be strictly confidential. Such information shall not be divulged to any outside party.

2.16 Date of Commencement : 2nd August,2020.

3. If you agree to the above offer, please sign the duplicate copy of this letter and return the same to us within 7 days from the date of this letter.

Yours truly,
Western Recovery Physiotherapy Center Sdn.Bhd.

Lee Poh Choo
Clinic Director of Western Recovery Physiotherapy Center Sdn.Bhd.

西式物理治疗专业中心
WESTERN RECOVERY PHYSIOTHERAPY CENTER SDN. BHD.
(Formerly Western Recovery Center Sdn. Bhd.)
A Physiotherapy and Rehabilitation Clinic
(Co. No: 803885-V)
No. 21, Jalan Ros Merah 2/10, Taman Johor Jaya,
81100 Johor Bahru, Johor.
Tel: 07-3553830 H/P: 012-7878557
Email: westernrecoverycenter@gmail.com

I hereby agree to accept the above offer of employment.

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Leong Kim Moi
I/C No: 950321-01-5158

2 / 8 / 2020
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Date