



澳門大學

UNIVERSIDADE DE MACAU  
UNIVERSITY OF MACAU

**Note:**

- 1) Please fill in the form and submit it to [hrs\\_comp\\_benefits\\_grp@umac.mo](mailto:hrs_comp_benefits_grp@umac.mo); or in person: N6-Room 4018
- 2) Allocation is based on availability of rooms and a first-come-first served basis. For details of PGH S1 Hostel, please refer to SRS webpage: [http://www.umac.mo/sao/srs/sh/accommodation/en/srs\\_academic.php](http://www.umac.mo/sao/srs/sh/accommodation/en/srs_academic.php)
- 3) Please note that the applicant is responsible for any unpaid charges, as well as for any loss or damage to the property.

**SECTION 1: STAFF DETAILS**

Name of Applicant:	<input type="text"/>	Faculty/Department:	<input type="text"/>
Office Email:	<input type="text"/>	Office Ext.&Mobile:	<input type="text"/>

**SECTION 2: ACCOMMODATION REQUESTS**

Move-in Date:	<input type="text"/>	No. of Male Visitors:	<input type="text"/>
Move-out Date:	<input type="text"/>	No. of Female Visitors:	<input type="text"/>
No. of Nights:	<input type="text"/>	Total No. of Visitors:	<input type="text"/>

**Remarks:**

Please indicate your room type(s) and no. of room(s) required. Kindly note that the accommodation choices are based on availability, and are not guaranteed.

\_\_\_ Single Room (at S1 Building)      \_\_\_ Shared Room (Twin Bed) (at S4 Building)

**SECTION 3: VISITOR DETAILS**

	Visitor 1	Visitor 2	Visitor 3	Visitor 4
Relationship:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ID no.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If there are more than 4 visitors, please provide their details on a separate sheet of paper and attach to this form.

- I would like to apply waiving the accommodation fee. Maximum of accommodation fee to be waived is 14 consecutive nights.
- I hereby authorize the University of Macau to deduct the accommodation fee and charges from loss and damaged (if any) from my salary payment.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section 4: Human Resources Section (HRS) USE ONLY**

Verified and Handled by \_\_\_\_\_ Date \_\_\_\_\_

Remarks (if any) \_\_\_\_\_

**Section 4: STUDENT RESOURCES SECTION (SRS) USE ONLY**

- Approved Room allocated: \_\_\_\_\_
- Rejected Remarks: \_\_\_\_\_

Ref. number \_\_\_\_\_ Handled by \_\_\_\_\_ Date \_\_\_\_\_