

HOUSEHOLD REGISTRATION FORM

AUB STAFF/FACULTY INFORMATION

| | | | |
|--------------------------------|--|----------------|--|
| Name | | Surname | |
| Faculty/Department | | | |
| Address | | | |
| Floor | | Apt. Number | |
| Bldg. | | | |
| Street (for outside Campus) | | | |
| Telephone Number(s) | | | |

PERSONAL INFORMATION OF THE HELP

| | | | |
|-----------------------------|-----------------------------|----------------------------|--|
| Name | | Surname | |
| Gender | | Age | |
| Nationality | | Passport Number | |
| Working Schedule | Days of the week | | |
| | Time | | |

Attached Documents

- Copy of the Help's passport
- Copy of the employment contract
- Copy of work permit
- Copy of the Lebanese residency
- Two photos for the Help

I hereby declare that I am solely responsible for the employment of the above mentioned person during the period mentioned above and any infringement to rules regulations and laws in this respect.

Signature of the Employer

Date

**Received by
Date**

Copied to Business Services