

**OMA NORAINIFA BINTI JAMAL**

Lucky Heights,  
88450 Kota Kinabalu, Sabah  
[oma87\\_jp@yahoo.com](mailto:oma87_jp@yahoo.com)  
014-6572823

**4<sup>th</sup> September 2024**

Metro Parking (KPJ Sabah Specialist Hospital)

**JLG METRO Sdn Bhd**

Suite 10,2, Lvl 10, Wisma Chase Perdana,  
Off Jalan Semantan, Damansara heights,  
50490 Kuala Lumpur, Malaysia.

Dear Metro Parking Management,

**Subject: Request for Season Parking Fee September 2024 to be Waived**

I hope this letter finds you well. I am writing to kindly request a waiver of the season parking fee for the month of September 2024. This is due to my resignation from Lablink KPJ Sabah Specialist Hospital on early August.

2. I attach here the official letter from Lablink for your reference. My actual last working day was on 5<sup>th</sup> August 2024, please note that 13<sup>th</sup> August 2024 as stated in the letter is my official last working day before deduction of my annual leave.

3. I had tried few times to get guidance for season pass termination during early August from the parking management but failed to understand your website. At the end of August, the September invoice already billed. I am hoping you would consider my request for a one-time waiver for this September since my last use of parking was on 5<sup>th</sup> August 2024.

I would greatly appreciate your understanding and support in this matter. Should you need any additional information or documentation to support my request. Please do not hesitate to contact me. Thank you for your time and consideration. I look forward to your favourable response.

Yours sincerely,



**OMA NORAINIFA BINTI JAMAL**

Parking Account : 710002-00277

Card No: 44861



**LABLINK**  
MEDICAL LABORATORY

(A Member of KPJ Healthcare Berhad group of companies)

(179433-H)

**LABLINK (M) SDN. BHD.**

Bangunan Lablink

14(129) Jalan Pahang Barat, Off Jalan Pahang, 53000 Kuala Lumpur.

☎ : 03-4023 4588 / 3588

☎ : 03-4023 4 298

✉ : enquiry@kpjlablink.com



Date : 9<sup>th</sup> July 2024

**PRIVATE & CONFIDENTIAL**

**OMA NORAINIFA BINTI JAMAL (AA0530)**

870309-49-5056

Clinical Lab Scientist,

Lablink, KPJ Sabah Specialist Hospital.

Dear Oma Norainifa,

**ACCEPTANCE OF RESIGNATION**

We refer to your resignation letter dated 14<sup>th</sup> June 2024 and wish to inform you that your resignation as Clinical Lab Scientist has been accepted by the Management.

We wish to place on record that under the terms and conditions of your employment, you are required to give the Company two (2) months termination notice or by payment in lieu of such notice. Hence, please take note that your last working date will be on **13<sup>th</sup> August 2024**.

Before your last day of work and/or commencement of leave, we seek your cooperation to ensure the following:

- Return all items belonging to the Company that were provided and/or loaned to you by fill in the 'Checklist of Items Returned By Resigning Staff' and return them to your superior on your last day.
- Fill in the 'Exit Interview Form' in the ESS system

On behalf of management, we would like to take this opportunity to thank you for your service to Lablink (M) Sdn Bhd and wish you all the best in your future endeavors.

Yours sincerely,

**LABLINK (M) SDN BHD (179433-H)**

**DOLLY LIM**

Chief Executive Officer

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**ACKNOWLEDGEMENT**

I, \_\_\_\_\_ (MyKad No: \_\_\_\_\_) hereby accept and understand this letter by signing the duplicate copy hereby attached.

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Signature

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Date