



# MANAGEMENT SERVICES DIVISION

International Islamic University Malaysia

## APPROVAL FOR COVERING DUTIES

IN ACCORDANCE TO GENERAL CIRCULAR NO. 1 YEAR 1991

Please tick where applicable

- Administrative & Technical (Professional & Support Group)
- Academic Administrator (i.e. Academic staff holding an Administrative position)
- Principal / Fellow

Please tick whether this is a New Assignment or Continuation

- New
- Continuation

### TO: EXECUTIVE DIRECTOR / DIRECTOR, MANAGEMENT SERVICES DIVISION

I hereby attest that I have been able to perform covering duties as requested by the Head of Department for the initial 28 days continuously and will continue to do so until further notice or until the vacant post is filled substantively.

Name of staff assigned for covering duties: \_\_\_\_\_

Post: \_\_\_\_\_

Staff No: \_\_\_\_\_

Salary Grade: \_\_\_\_\_  
*for Administrative & Technical (Professional & Support Group) covering only*

K/C/D/I/Mahallah: \_\_\_\_\_

First date of covering: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of staff assigned for covering duties

Due to exigency of duties, I certify that the vacant post has to be filled by covering assignment of which the details of the available post are as follows:-

Post available for covering: \_\_\_\_\_

Name of staff substantively holding the post: \_\_\_\_\_

Staff No: \_\_\_\_\_

Salary Grade: \_\_\_\_\_  
*for Administrative & Technical (Professional & Support Group) covering only*

Expected duration of vacancy: From: \_\_\_\_\_

Until: \_\_\_\_\_

Please tick or write in, where applicable

**Reason for vacancy of post:**

- Vacant post
- Maternity leave
- Medical leave
- Unpaid leave
- Hajj leave
- Study leave

For MSD use only:

Non fixed allowance received by the above staff

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Academic Administrator Allowance | <input type="checkbox"/> Financial Duties Incentive Allowance | <input type="checkbox"/> Performance Allowance        |
| <input type="checkbox"/> Personal Assistant Allowance     | <input type="checkbox"/> Critical Service Allowance           | <input type="checkbox"/> Mortuary Attendant Allowance |
| <input type="checkbox"/> Bilingual Allowance              | <input type="checkbox"/> English Incentive Allowance          | <input type="checkbox"/> _____                        |
| <input type="checkbox"/> Coordinator Allowance            | <input type="checkbox"/> Principal/Fellow Allowance           | <input type="checkbox"/> _____                        |
| <input type="checkbox"/> Laundry Allowance                | <input type="checkbox"/> Handphone Allowance                  | <input type="checkbox"/> _____                        |
| <input type="checkbox"/> Driver Special Task Allowance    | <input type="checkbox"/> Site Allowance                       | <input type="checkbox"/> _____                        |

Is he/she willing to work extra hours to accomplish the duties assigned?

YES  NO

Is he/she the most senior in that category of post?

YES  NO

<b><u>If no, please state reason:</u></b>
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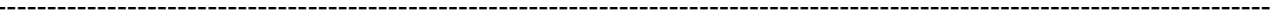
<input type="checkbox"/> I Recommend	the above-named staff for covering assignment and be remunerated with covering allowance according to the stipulated formula by virtue of followings:-
<input type="checkbox"/> I do not recommend	

Has performed covering duties for the initial 28 days continuously and able to shoulder extra responsibilities satisfactorily.

<b><u>Please give reason(s) if not recommended:-</u></b>
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Date: \_\_\_\_\_

\_\_\_\_\_  
Signature & Official Stamp  
Dean / Director / Head of Dept.



<input type="checkbox"/> I approve	the covering assignment and covering allowance for the above-named staff.
<input type="checkbox"/> I do not approve	

<b><u>Please give reason(s) if not approved:-</u></b>
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Date: \_\_\_\_\_

\_\_\_\_\_  
Executive Director / Director  
Management Services Division

## REMINDER

Dear Brothers & Sisters,

In order for us to expedite the process for covering duties claim, please ensure that the duly filled form is submitted to us together with the following documents;

- i) Your duty list
- ii) The duty list of the person that you covered
- iii) Your leave statement
- iv) Letter from your Head of Department which instruct you to do the covering duties

Please submit the form as soon as you have completed the first 28 days of your covering period.

Thank you for your cooperation.

Help us to serve you better

**Remuneration Unit**  
**Human Resource Services**  
**Management Services Division**