

Being called to work after hours more than 4 hours but less than 16 hours on each respective on-call day (weekends and public holidays)

(Specialist) _____ days X RM 160 ` = RM _____

(MO) _____ days X RM 140 ` = RM _____

Being on-call but not having to come to work or, if called working less than 4 hours on each respective on-call day (normal and half working days)

(Specialist) _____ days X RM 100 ` = RM _____

(MO) _____ days X RM 80 ` = RM _____

Being on-call but not having to come to work or, if called working less than 4 hours on each respective on-call day (weekends and public holidays)

(Specialist) _____ days X RM 105 ` = RM _____

(MO) _____ days X RM 85 ` = RM _____

Grand Total _____ ` = **RM** _____

A certified copy of the on call roster is to be attached together in support of the claim being made

I AFFIRM THAT THE ABOVE CLAIM IS TRUE

I CERTIFY THAT THE ABOVE CLAIM IS TRUE

REQUEST SIGNATURE

DATE:

SIGNATURE (HEAD OF UNIT / DEPARTMENT) & STAMP

DATE:

I CERTIFY THAT THE ABOVE STAFF IS ELIGIBLE FOR THE CLAIM

SIGNATURE (DEAN) & OFFICIAL STAMP

DATE:

[FOR OFFICE USE]

ACCOUNT CODE _____

VOUCHER NO _____

ADVANCE TAKEN _____

TOTAL (RM) _____

CHECKED BY _____

ADVANCEMENT DATE _____

DATE _____