



الجامعة الإسلامية العالمية ماليزيا
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA
يُونَيْتِ بَرِيْتِي اِنْسَالْمِ اِنْتَارَا اِنْسَالْمِ اِنْسَالْمِ

MANAGEMENT SERVICES DIVISION

NOTIFICATION TO STOP PAYMENT OF NON-FIXED ALLOWANCE(S)

Please tick where applicable

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

Effective Date :

From : _____ To : _____

Name : _____

Post : _____ Grade : _____

Staff No. : _____ K/C/D/I/Mahallah : _____

Please tick or write in, where applicable

Reason for deactivation :

- | | |
|--------------------------|-----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | 1. Unpaid leave |
| <input type="checkbox"/> | 2. Unpaid study leave |
| <input type="checkbox"/> | 3. Half pay leave |
| <input type="checkbox"/> | 4. Half pay study leave |
| <input type="checkbox"/> | 5. Full pay study leave attending course for more than three (3) months |
| <input type="checkbox"/> | 6. Annual leave more than 28 days continuously |
| <input type="checkbox"/> | 7. Hajj leave more than 28 days continuously |
| <input type="checkbox"/> | 8. Medical leave more than 28 days continuously |
| <input type="checkbox"/> | 9. Maternity leave |
| <input type="checkbox"/> | 10. Combination of any leave from no. 6,7,8 and 9 of the above more than 28 days continuously |

Certification by Head of Department

I certify that the above information is correct and a copy of this form has been issued to the relevant staff personal file at K/C/D/I for reference.

Signature & Official Stamp
Head of Department

Date : _____

Verification by Management Services Division

Official Stamp of Processing

Administrative Officer
Management Services Division

Date : _____