



الجامعة الإسلامية العالمية ماليزيا  
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA  
بُونِيْسِيْتِيْ اِسْلَامِيْ اِنْتَارَا اِبْحْسَانِيْ مَلِيْسِيَا

## MANAGEMENT SERVICES DIVISION

### APPLICATION FOR JOINT APPOINTMENT/PERMANENT TRANSFER/ TEMPORARY TRANSFER FOR ACADEMIC STAFF (WITHIN KULLIYYAH/CAMPUSES IN IIUM)

#### APPLICANT INFORMATION

<b>Name &amp; Staff No</b>	
<b>Age</b>	
<b>Job Title</b> (Professor/ Assoc. Prof./ Asst. Prof./ Others)	
<b>Current Academic Post (if any)</b>	
<b>Department</b>	
<b>Kulliyah</b>	
<b>Email Address</b>	
<b>Date of Appointment</b>	
<b>Job Status</b> Permanent/Contract	
<b>Contact No</b> Mobile Phone	
<b>Years with IIUM</b>	

#### TYPE OF APPLICATION

<b>JOINT APPOINTMENT</b>	<input type="checkbox"/>
<b>PERMANENT TRANSFER</b>	<input type="checkbox"/>
<b>TEMPORARY TRANSFER</b>	<input type="checkbox"/>

**JUTIFICATION FOR YOUR APPLICATION/REQUEST**

**RECOMMENDATION OF THE HEAD OF DEPARTMENT (EXISTING KULLIYYAH)**

Recommended

Not Recommended

Reasons by the applicant are acceptable?

Yes

No

Justification: .....  
.....  
.....  
.....  
.....  
.....

Recommended Effective Date:  1<sup>st</sup> day of Sem I/\_\_\_\_\_  1<sup>st</sup> day of Sem II/\_\_\_\_\_  
 1<sup>st</sup> day of Sem III/\_\_\_\_\_

**(For Joint Appointment ONLY) % of Joint Responsibilities**

Proposed % of responsibilities at existing Kulliyyah: \_\_\_\_\_ Credit Hours \_\_\_\_\_

Other responsibilities (Please itemize):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Head of Department

\_\_\_\_\_  
Date

**RECOMMENDATION FROM THE DEAN (EXISTING KULLIYYAH)**

Recommended

Not Recommended

Justification: .....  
.....  
.....  
.....

Recommended Effective Date:  1<sup>st</sup> day of Sem I/\_\_\_\_\_  1<sup>st</sup> day of Sem II/\_\_\_\_\_  
 1<sup>st</sup> day of Sem III/\_\_\_\_\_

**(For Joint Appointment ONLY) % of Joint Responsibilities**

Proposed % of responsibilities at existing Kulliyyah: \_\_\_\_\_ Credit Hours \_\_\_\_\_

Other responsibilities (Please itemize):

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\_\_\_\_\_  
Signature and name of the recommending  
Kulliyyah

\_\_\_\_\_  
Date

**RECOMMENDATION FORM THE DEAN (KULLIYYAH ACCEPTING JOINT APPOINTMENT/TRANSFER)**

Recommended

Not Recommended

Justification: .....  
.....  
.....

Recommended Effective Date:  1<sup>st</sup> day of Sem I/\_\_\_\_\_  1<sup>st</sup> day of Sem II/\_\_\_\_\_  
 1<sup>st</sup> day of Sem III/\_\_\_\_\_

**(For Joint Appointment ONLY) % of Joint Responsibilities**

Proposed % of allowable responsibilities at accepting Kulliyyah: \_\_\_\_\_ Credit Hours \_\_\_\_\_

Other responsibilities (Please itemize):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature and name of the recommending  
Kulliyyah

\_\_\_\_\_  
Date

**RECOMMENDATION OF EXECUTIVE DIRECTOR (MANAGEMENT SERVICES DIVISION)**

Recommended

Not Recommended

\_\_\_\_\_  
Executive Director, MSD

\_\_\_\_\_  
Date

**APPROVAL OF DEPUTY RECTOR (ACADEMIC & INDUSTRIAL LINKAGES)**

Approved

Not Approved

Remarks: .....  
.....  
.....

\_\_\_\_\_  
Deputy Rector (Academic & Industrial Linkages)

\_\_\_\_\_  
Date

**APPROVAL OF RECTOR**

Approved

Not Approved

\_\_\_\_\_  
Rector

\_\_\_\_\_  
Date