



الجامعة الإسلامية العالمية ماليزيا  
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA  
يُونَيْتِي سَلَامًا اِنْتَارَا بَعْثًا مَلِيْسِيَا

## MANAGEMENT SERVICES DIVISION

### APPROVAL FOR COVERING DUTIES

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 where applicable

Reason for vacancy of post:			
<input type="checkbox"/>	Vacant post	<input type="checkbox"/>	Hajj leave
<input type="checkbox"/>	Maternity leave	<input type="checkbox"/>	Study leave
<input type="checkbox"/>	Medical leave	<input type="checkbox"/>	Combination of leaves more than 28 days
<input type="checkbox"/>	Unpaid 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"/> Coordinator Allowance            | <input type="checkbox"/> Principal/Fellow Allowance           | _____   |
| <input type="checkbox"/> Laundry Allowance                | <input type="checkbox"/> Handphone Allowance                  | _____   |
| <input type="checkbox"/> Driver Special Task Allowance    | <input type="checkbox"/> Site Allowance                       | _____   |

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

**If no, please state reason:**

<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.

**Please give reason(s) if not recommended:-**

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	

**Please give reason(s) if not approved:-**

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

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

## NOTES

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 instructed you to do the covering duties

We wish to also highlight the provision on covering as follows:

### **EXTRACT FROM GOVERNMENT SERVICE CIRCULAR NO.17 YEAR 2007:**

7. *Jawatan yang dibenarkan untuk penanggungian kerja ialah :*

7.2 *Jawatan yang hendak ditanggung kerja itu hendaklah tidak melangkau dua gred yang lebih tinggi dan bidang tanggungjawab jawatan ditanggung kerja tidak terlalu berat dibandingkan dengan kebolehan dan gred hakiki pegawai yang diperakukan untuk menanggung kerja.*

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

In the case of unspecified end of covering duties, kindly forward the advice to stop the covering allowance to Payroll and Financial Services Unit upon cessation of covering duties.

Thank you for your cooperation.

Help us to serve you better.

**Payroll and Financial Services Unit  
Management Services Division**