|  |  |
| --- | --- |
|  | **MANAGEMENT SERVICES DIVISION** |

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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Please tick where applicable* | | | | | |  | | |  | |
|  | Academic Administrative Allowance |  | Financial Incentive Allowance |  | Mortuary Attendant Allowance | | |  | |
|  |  |  |  |  |  | | |  | |
|  | Coordinator Allowance |  | Critical Service Allowance |  | Driver Special Task Allowance | | |  | |
|  |  |  |  |  |  | | |  | |
|  | Personal Assistant Allowance |  | English Incentive Allowance |  | Site Allowance | | |  | |
|  |  |  |  |  |  | | |  | |
|  | Bilingual Allowance |  | Principal/Fellow Allowance |  |  | |  |  | |
|  |  |  |  |  |  | | |  | |
|  | Laundry Allowance |  | Handphone Allowance |  |  | |  |  | |
|  |  |  |  |  |  | | |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Effective Date : | | | | |  |
|  | From : |  |  | To : |  |  |
|  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | : |  | | | | | | |
|  |  |  | | | | | | |
| Post | : |  | | | | Grade | : |  |
|  |  |  | | | |  |  |  |
| Staff No. | : |  | K/C/D/I/Mahallah | : |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Please tick or write in, where applicable* | |  |  |  |
| Reason for deactivation : |  |  | 1. | Unpaid leave |
|  |  |  |  |  |
|  |  |  | 2. | Unpaid study leave |
|  |  |  |  |  |
|  |  |  | 3. | Half pay leave |
|  |  |  |  |  |
|  |  |  | 4. | Half pay study leave |
|  |  |  |  |  |
|  |  |  | 5. | Full pay study leave attending course for more than three (3) months |
|  |  |  |  |  |
|  |  |  | 6. | Annual leave more than 28 days continuously |
|  |  |  |  |  |
|  |  |  | 7. | Hajj leave more than 28 days continuously |
|  |  |  |  |  |
|  |  |  | 8. | Medical leave leave more than 28 days continuously |
|  |  |  |  |  |
|  |  |  | 9. | Maternity leave |
|  |  |  |  |  |
|  |  |  | 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 | | | | | | Signature & Official Stamp | | | | | |
| staff personal file at K/C/D/I for reference. | | |  | |  | | Head of Department | | | |
|  |  |  | |  | | Date : | |  |

----------------------------------------------------------------------------------------------------------------------------

***Verification by Management Services Division***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Official Stamp of Processing |  |  |  | | |
|  |  | Administrative Officer | | |
|  |  | Management Services Division | | |
|  |  |  |  | |
|  |  | Date : |  |

-----------------------------------------------------------------------------------------------------------------------------------------------