



UNPAID / HALF PAY / HAJJ / UMRAH / CKS LEAVE APPLICATION

Name : _____
 Staff No : _____
 Post : _____
 K/C/D/I/O : _____
 Contact No. : _____ Ext.: _____
 Duration of leave : From _____ to _____

Types of Leave (please tick (/))

- | | | | |
|--------------------------|--|--------------------------|---|
| <input type="checkbox"/> | Half Pay Leave (caring for sick dependents and immediate relatives only) | <input type="checkbox"/> | Unpaid Leave (permanent staff only) |
| <input type="checkbox"/> | Hajj Leave | <input type="checkbox"/> | • Personal Reason |
| <input type="checkbox"/> | Umrah Leave | <input type="checkbox"/> | • Accompanying Spouse |
| <input type="checkbox"/> | Cuti Kursus Sambilan (for part time studies) | <input type="checkbox"/> | • Caring for newborn baby |
| | | <input type="checkbox"/> | • Next-of-kin who is under long medical treatment |

Note :

- Please attach relevant supporting document such as letter from Lembaga Urusan Tabung Haji, flight details, offer letter, medical report, appointment letter etc .
- Subject to IIUM Rules and Regulations.
- **Unpaid leave for personal reason** is applicable for death, illness, injury or medical emergency of, or an urgent matter or emergency concerning, a specified family member.

Declaration by applicant

I hereby declared that the above information is true and had attached the relevant documents for reference.

Signature : _____ Date : _____

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Recommendation by Head of Department/Dean/Director

I recommend/not recommend this application

Remarks (if any) _____

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(Official Stamp)

Date :