**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 (/)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Half Pay Leave (caring for sick dependents and immediate relatives only) |  | Unpaid Leave (permanent staff only) | |
|  | Hajj Leave |  |  | * Personal Reason |
|  | Umrah Leave |  |  | * Accompanying Spouse |
|  | Cuti Kursus Sambilan (for part time studies) |  |  | * Caring for newborn baby |
|  |  |  |  | * 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 :

………………………………………………………………………………………………………………..

**Recommendation by Head of Department/Dean/Director**

I recommend/not recommend this application

Remarks (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

………………………………….

(Official Stamp)

Date :