INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA
REQUEST TO PERFORM OVERTIME FORM

DEPARTMENT: _____

A. REQUEST TO PERFORM OVERTIME
(To be issued by the immediate supervisor)

You are requested to perform overtime on (date/time): _____

Task(s) assigned: _____

_____

Staff No. : ☐☐☐☐   Basic Salary: RM ☐☐☐☐.☐☐

Name : _____

Position : _____   Department : _____

Please Tick : ☐ On Covering Assignment ☐ Not on Covering Assignment

* Please attach the supporting document

B. RECOMMENDATION AND CERTIFICATION OF DUTY

It is hereby certified that the above tasks have been done completely. The duration eligible to be claimed is ☐☐ hours and ☐☐ minutes as follows:-

_____   _____   _____
Signature   Name, Designation & Official Chop   Date

(Please use the overtime claim form provided by the Finance Division, IIUM as in the attachment)

C. APPROVAL FROM DIRECTOR
(Staff is on *Covering Assignment / Not on Covering Assignment*).
* To delete where necessary

The payment for overtime claim of ☐☐ hours and ☐☐ minutes is approved:

_____   _____   _____
Signature   Name, Designation & Official Chop   Date