



الجامعة الإسلامية العالمية ماليزيا
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA
يُونِسُورِيسِيْتِيْ اِسْلَامِيْ اِنْتَارَابِيْسِيَا مَلِيْسِيَا

MANAGEMENT SERVICES DIVISION

APPLICATION FOR PART-TIME STAFF (ADMINISTRATIVE & TECHNICAL)

K/C/D/I/O: _____

New Application (if the candidate is yet to be determined, please proceed to item 3 and 4)

Re-appointment (Staff ID: _____)

1. APPLICANT INFORMATION			
Name			
IC No.		Gender	
Date of Birth		Place of Birth	
Nationality (please state if Permanent Resident)		Passport No./ Issuance Date	
		Expiry Date of Passport	
Type of Current Immigration Pass (compulsory for International applicant)	Type:	Permit No.:	
	Issuance Date:	Expiry Date:	
Home Address			Contact No. (Mobile Phone)
EPF No		Income Tax No	
Particular Next of Kin	Name:		
	Contact No.:		
	Address:		
	Relationship with Applicant:		

2. ACADEMIC QUALIFICATION				
Name of Schools/Universities/Colleges	Period of Study		Certificate Obtained	Medium of Instruction
	From	To		

Minimum qualification is Sijil Pelajaran Malaysia (SPM).

3. APPLICATION DETAILS**Justification of Application:****List of Assignments for Part-time:****Department where the applicant to be placed:**

Please indicate the placement of the applicant in the current Organizational Chart and Functional Chart (please attach the hardcopy or email the softcopy to msd_rec_admin@iium.edu.my)

Kindly use additional paper, if required.

4. RECOMMENDATION FROM HEAD OF DEPARTMENT

No.	Details on the request	Please Indicate
1.	Period of appointment (maximum three (3) months)	From _____ until _____
2.	Estimated total payment (i) Rate of payment shall be according to the approved rate by the University. (ii) The policy of part-time appointment remains the same that they shall be appointed every three (3) months .	<p>1. (Total Hours/Month: _____) X (Rate/Hour: RM 6.00) X _____ month (s) = RM _____</p> <p>2. EPF Employer's Rate (13%) = RM _____ X _____ month (s) = RM _____</p> <p>3. SOCSO Employer's Rate = RM _____ X _____ month (s) = RM _____</p> <p>*TOTAL PAYMENT: RM _____</p>
3.	Source of budget (i) University has the right to reject the application if the budget is not sufficient.	<p><input type="checkbox"/> Central Fund (subject to fund availability)</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Trust Fund: _____ (project code) (please attach copy of document indicating Trust Fund Committee's approval)</p>

Recommended

Not Recommended

Head of Department
(Signature & Official Stamp)

Date

5. RECOMMENDATION FOR BUDGET UTILISATION

<p>Source of budget:</p> <p><input type="checkbox"/> Central Fund <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Trust Fund _____</p>	<p>Part-Time budget is sufficient?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Total Budget Allocation: RM _____</p>
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Recommended Not Recommended **Remarks:** _____

_____ ***Director/ Deputy Director/ Head of Unit** _____ **Date**
 (Signature & Official Stamp)

**Central Fund – to be recommended by Payroll & Financial Services Unit, MSD/ *Other Fund – to be recommended by Finance Division*

6. APPROVAL BY MANAGEMENT SERVICES DIVISION

<p>Justification by:</p> <p><input type="checkbox"/> Organizational Chart</p> <p><input type="checkbox"/> Functional Chart</p>	<p>Part-Time staff is critically needed?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Approve Not Approve **Remarks:** _____

_____ **Director** _____ **Approval Date**
 (Signature & Official Stamp)

7. EMPLOYMENT (NON-ACADEMIC) UNIT, MANAGEMENT SERVICES DIVISION

The required documents for generating Part-Time Staff ID:

<input type="checkbox"/> Appointment Letter	<input type="checkbox"/> EPF Statement
<input type="checkbox"/> Copy of Identification Card	<input type="checkbox"/> Copy of Passport – <i>for International Applicant (1st Page)</i>
<input type="checkbox"/> Bank Account Statement (1 st Page)	<input type="checkbox"/> Copy of Immigration Pass – <i>for International Applicant</i>

ID to be generated / activated Do not generate / activate ID

_____ **Senior Assistant Director, ENAU MSD** _____ **Date**
 (Signature & Official Stamp)