Workstation: MSD Version no: 02 Revision no: 00



APPROVAL FOR COVERING DUTIES

IN ACCORDANCE TO GENERAL CIRCULAR NO. 1 YEAR 1991

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Please tick where applicable Administrative & Technical (Profess	ional & Support Group)	Please tick whether this is a New Assignment or Continuation
Academic Administrator (i.e. Acader	mic staff holding an Administrative position)	New
Principal / Fellow		Continuation
TO: EXECUTIVE DIRECTOR	/ DIRECTOR, MANAGEMENT SI	ERVICES DIVISION
	rform covering duties as requested by the Hea til further notice or until the vacant post is fille	
Name of staff assigned for covering d	uties:	
Post:		
Staff No:	Salary Grade: for Administrative & Technical	al (Professional & Support Group) covering only
K/C/D/I/Mahallah:	First dat	te of covering:
Date:	Sign	ature of staff assigned for covering duties
	at the vacant post has to be filled by cove	ring assignment of which the details
Name of staff substantively holding th		
Staff No:	Salary Grade: for Administrative & Technica	ul (Professional & Support Group) covering only
Expected duration of vacancy:	From:	Until:
Please tick or write in, where applicable Reason for vacancy of post:	Vacant post Maternity leave Medical leave Unpaid leave	Hajj leave Study leave
For MSD use only: Non fixed allowance received by the above staff		
Academic Administrator Allowance Personal Assistant Allowance Bilingual Allowance Coordinator Allowance Laundry Allowance Driver Special Task Allowance	Financial Duties Incentive Allowance Critical Service Allowance English Incentive Allowance Principal/Fellow Allowance Handphone Allowance Site Allowance	Performance Allowance Mortuary Attendant Allowance

Is he/she willing to work e	extra hours to accomplish the duties assigned?	
☐ YES [NO	
Is he/she the most senior in	that category of post?	
☐ YES [NO	
If no, please state reaso	<u>n:</u>	
☐ I Recommend ☐ I do not recommend	the above-named staff for covering assignment and be remunerated with covering allowance according to the stipulated formula by virtue of followings:-	
Has performed coveri satisfactorily.	ng duties for the initial 28 days continuously and able to shoulder extra responsibilities	
Please give reason(s) if Date:	not recommended:-	
	Signature & Official Stamp Dean / Director / Head of Dept.	
Γ		
☐ I approve☐ I do not approve	the covering assignment and covering allowance for the above-named staff.	
Please give reason(s) if	not approved:-	
Date:	Executive Director / Director Management Services Division	

REMINDER

Dear Brothers & Sisters,

In order for us to expedite the process for covering duties claim, please ensure that the duly filled form is submitted to us together with the following documents;

- i) Your duty list
- ii) The duty list of the person that you covered
- iii) Your leave statement
- iv) Letter from your Head of Department which instruct you to do the covering duties

Please submit the form as soon as you have completed the first 28 days of your covering period.

Thank you for your cooperation.

Help us to serve you better

Remuneration Unit Human Resource Services Management Services Division

MHS/ru/2009