**‘*APPENDIX A*’**

**INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA**

**INSTRUCTION FOR OVERTIME FORM**

**DEPARTMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**A. INSTRUCTION TO DO 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 HEAD OF DEPARTMENT/DIRECTOR/DEAN**

(Staff is on ***Covering Assignment / Not on Covering Assignment*).**

*\* To delete where necessary*

The payment of overtime claim is approved:

The total hours claim

Maximum to hours and minutes

Signature Name, Designation & Official Chop Date