



INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA
Kulliyah Islamic Revealed Knowledge And Human Sciences

CLAIM FORM FOR PART-TIME ADMIN. ASSISTANT

Month : _____ Year : _____

Name : _____
Office Address/Dept. : _____
IC No. / Passport No. : _____ EPF No. : _____
Bank A/C No. (BIMB/BMB) : _____ H/Phone No. : _____
Rate Per Hour : _____ Maximum Claim : _____

Date	Time		Job Done	Total Hours	RM
	From	Until			

I hereby certify that the above claims are true.

Signature of Part Time AA / Date

Signature of staff being assisted / Date
(Name : _____)

Recommended by Head of Department :-

Approved by Dean, KIRK & HS :-

(Signature & Official Stamp) / Date

(Signature & Official Stamp) / Date

Note: Completed claim (already approved) must be received by Finance Unit of IRKHS before 3rd.
Claims sent after the date will be paid in the following month's salary.