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|  | **MANAGEMENT SERVICES DIVISION** |

**APPLICATION FOR ACADEMIC INCENTIVE PAYMENT /**

**ACADEMIC INCENTIVE PAYMENT (NON-CLINICAL)**

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| **APPLICANT INFORMATION** |
| Name & Staff No |  |
| Job Title*(Professor/ Assoc. Prof./ Asst. Prof./ Others)* |  |
| Grade |  |
| Department |  |
| Kulliyyah |  |
| **ACADEMIC QUALIFICATION** |
| No. | University / College | CertificateBsc/Msc / PhD | Date Awarded |
|  |  |  |  |
|  |  |  |  |
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| **RECOMMENDATION** |
| **1** | Remarks by Dean : | Nature of workClinical Non- Clinical  |
| **2** | Date : | Type of allowance1. Academic Incentive Payment
2. Academic Incentive Payment (Non-Clinical)
 |
| **3** | Signature / Stamp |
| Attached herewith the supporting document for MSD's approval1) Time-table of start teaching at the kulliyyah  |
| **APPROVAL*****(to be filled by Management Services Division)*** |
| Approved Not Approved **--------------------------------------------- ---------------------------** **Signature/Stamp Date** |