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|  | **MANAGEMENT SERVICES DIVISION** |

**APPLICATION FOR JOINT ASSIGNMENT FOR ADMINISTRATIVE**

**AND TECHNICAL STAFF WITHIN KULLIYYAH / CENTRE / DIVISION / INSTITUTE / OFFICE / MAHALLAH (K/C/D/I/O/M)**

**(This Joint Assignment is applicable to permanent staff only)**

***CRITERIA AND IMPLEMENTATION OF JOINT ASSIGNMENT***

*1. Permanent appointment;*

*2. Duration allowed is between three (3) to twelve (12) months;*

*3. Has been serving at least five (5) years;*

*4. Priority should be given to the existing K/C/D/I/O/M where the contribution should be more than that of the receiving K/C/D/I/O/M;*

*5. Annual Performance Appraisal Report (APAR) for the period of more than six (6) months to be assessed by both existing and receiving K/C/D/I/O/M;*

*6. Approval for annual leave, monitoring of service and leave matters to be done by the existing K/C/D/I/O/M;*

*7. Following the tasks assigned by the receiving K/C/D/I/O/M, any relevant claim for allowances such as overtime, travelling, covering, etc. to be paid by the receiving K/C/D/I/O/M.*

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| **SECTION 1: APPLICANT INFORMATION** | |
| **Name & Staff No.** |  |
| **Post & Grade** |  |
| **Department & K/C/D/I/O/M** |  |
| **Date of Appointment**  ***(On permanent basis)*** |  |
| **Email Address** |  |
| **Ext. No. & HP No.** |  |
| **Years with IIUM**  ***(On permanent basis)*** |  |

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| **SECTION 2: JUSTIFICATION OF APPLICATION** | | |
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| **SECTION 3: RECOMMENDATION OF THE SUPERVISOR/HEAD OF DEPARTMENT**  ***(Existing K/C/D/I/O/M)*** | | |
| YES NO  1. Justification by the applicant are acceptable?  2. Has the staff fulfilled the criteria for Joint Assignment?  3. I hereby recommend / do not recommend the application.  *If not recommended, please justify*:      4. Recommended effective date from until  5. Proposed % of responsibilities at existing K/C/D/I/O/M  6. Other responsibilities *(please itemise)*        (Signature & Official Stamp) (Date) | | |
| **SECTION 4: RECOMMENDATION OF THE DEAN/DIRECTOR**  ***(Existing K/C/D/I/O/M****)* | | | |
| 1. I hereby recommend / do not recommend the application.  *If not recommended, please justify*:        2. Recommended effective date from until    (Signature & Official Stamp) (Date) | | | |
| **SECTION 5: RECOMMENDATION OF THE DEAN/DIRECTOR**  ***(Receiving K/C/D/I/O/M****)* | | | |
| 1. I hereby recommend / do not recommend the application.  *If not recommended, please justify*:      2. Recommended effective date from until  3. Do you agree on the proposed % of responsibilities at existing K/C/D/I/O/M?.    *If disagree, please specify reason:*      (Signature & Official Stamp) (Date) | | | |
| **SECTION 5: SECRETARIAT *(Tick if fulfill the criteria)*** | | | |
| 1. | Permanent appointment |  | |
| 2. | Duration allowed is between three (3) to twelve (12) months |  | |
| Duration of joint assignment:  \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_ month(s) | |
| 3. | Has been serving at least five (5) years |  | |
| 4. | The staff is eligible / not eligible for Joint Assignment  *If not eligible, please specify reason:* | | |
| (Signature & Official Stamp) (Date) | | | |
| **SECTION 6: APPROVAL OF THE EXECUTIVE DIRECTOR, MANAGEMENT SERVICES DIVISION (MSD)** | | | |
| 1. I hereby approve / reject this application for Joint Assignment.  *Reason if rejected*:          (Signature & Official Stamp) (Date) | | | |