



OFFICE OF SULTAN HAJI AHMAD SHAH MOSQUE

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SUBSTITUTIONAL LEAVE CLAIM FORM

Name : _____
Staff No. : _____ Post : _____
Department : _____
Month/Year : _____

DATE/ DAY	PARTICULAR	TIME		TOTAL HOUR
		IN	OUT	
GRAND TOTAL				

Total of day/days Approved : _____ Date Approved : _____

I hereby declare the above claim is true

Certified by:

Approved by:

(Signature of Applicant)

Date:

(Signature by Head of Unit)

Date:

(Signature by Director)

Date:

Notes:

- 1) The application for Substitutional Leave must be submitted within a period of one (1) month from the date tasks were performed.
- 2) The application must be attached with supporting document i.e. letter of instruction for each of the tasks performed.