Version No. : 00 Revision No. : 00 Effective Date : 01/08/2019



مكتب مسجد السلطان الحاج أحمد شاه

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STAFF SHOW CAUSE MEMO

	1) Name	:		
	2) Division/Unit	:		
	3) Staff No.	:	4) Date:	
	5) Designation	:		
Gi	* Instructions: C	omplete this form when	it is necessary to inq	CTION/ SUPERVISOR The price of
0	U ARE HEREBY	ALLEGED THAT;	(Tick whichever suit	able and may choose more than (1) one)
)	Absent Without A	Approval and Reaso	ons	
()	Absence to be present for any length of time and place where the staff is required to be present :~			
	a) Arriving Late a	t Workplace		d) Leaving Work Early
	b) Extended Bred	Extended Breakfast/Lunch		e) Loitering During Working Hours
	c) Leaving Work f	for Personal Matters	s	f) Others :
VF	N ANIATIONI ANI	D ELIDTHED DET	A11 C.	(Please Specify)
<u> </u>	LANATION AN	D FURTHER DETA	AILS;	
ac	knowlodgo rocoin	t of a copy of this m	nome and my re	eason(s) is/are as follow(s):
				dditional sheets if necessary)

Supervisor/ HOD Signature & Official Stamp

Date:

Staff Signature

Date: