

WELFARE AND FINANCIAL ASSISTANCE UNIT
STUDENT SERVICES UNIT (SSD)
OFFICE OF THE CAMPUS DIRECTOR (OCD)
INTERNATIONAL ISLAMIC UNIVERSITY

APPLICATION FORM FOR STUDENT EMPLOYMENT ON CAMPUS (SEOC) PROGRAMME

1. Details of application:

Officer's name : _____
Staff no. : _____
Position : _____
K/C/D/I/O/M : _____
Contact No. : _____

2. Details of Project/ Task Required for SEOC:

Department/Unit : _____
Reason for applying : _____
(Please attach Job Description)
Period of project (Date) : _____
Number of SEOC required : one () / two ()

3. Details of Candidate/ Student:

Proposed Candidate : () Yes (if yes, please attach details of candidate)
() No (if no, please liaise with SSD)

4. Verified by Dean/Director/Head of Dept. (K/C/D/I/O/M):

Name:
Official Stamp:
Date:

5. For Office Use (SSD):

1. Balance of Khairat Trust Fund as of _____ amounting of RM _____
2. No existing SEOC from this K/C/D/I/O/M: _____
3. Total numbers active SEOC: _____

Checked:

Recommended:

Name:
Official Stamp:
Date:

Assistant Director (SSD):
Official Stamp:
Date: