



**MALAYSIA-JAPAN INTERNATIONAL INSTITUTE OF TECHNOLOGY (MJIIT)
UTM INTERNATIONAL CAMPUS, KUALA LUMPUR**

APPLICATION FOR REPLACEMENT LEAVE FORM

(Total number of qualified Replacement Leave _____ days)
(Admin endorsement _____)

To : _____

I (Name) _____ would like to apply a replacement leave for _____ days
starting from _____ until/and _____.

Staff No. : _____

Address during leave : _____

Contact Number : _____

Signature : _____

Designation : _____

Department : _____

Date : _____

**FOR OFFICE USE ONLY
APPLICATION APPROVED/NOT APPROVED**

Signature : _____

Designation : _____

Office / Lab : _____

Date : _____

(Notes : Details of overtime as attached)

**DETAILS OF OVERTIME
AFTER WORKING HOURS**

DATE	TIME		PURPOSES	NO. OF HOURS
	FROM	UNTIL		
			TOTAL NUMBER OF HOURS	

Date : _____

Approved/Not Approved
Signature of Supervisor/Coordinator
