

## UNIVERSITI BRUNEI DARUSSALAM

## **Application Form for NO-PAY LEAVE**

## **PROCEDURE**

- 1. Fill in Section A C only.
- 2. The terms of No-Pay Leave are governed by the Prime Minister's Department Circular Letter no. 4/1998.
- 3. Application must be submitted to the Human Resource Office with the recommendation of the Dean of Faculty/Institute/Academy/Centre at least 2 weeks before the start date of leave. This is to take into account the Prime Minister's Department Circular Letter no. 9/2017: Guidelines for implementing surcharges in the Public Service, where paragraph 4.2 mentions the types of offenses that can be subject to surcharges due to failure/slowness to comply with current regulations.
- 4. Application for No-Pay Leave of <u>less than 30 days</u> is approved by the Dean/Director of Faculty/ Institute/Academy/Centre, whilst application for No-Pay leave of <u>30 days or more</u> must be approved by the Vice Chancellor with the recommendation of the Dean/Director Faculty/Institute/Academy/Centre.
- Completed form must be submitted through the Dean/Director of Faculty/Institute/Academy/Centre to: Human Resource Office (Attn: LEAVE)
   Universiti Brunei Darussalam

| SECTION A: APPLICANT PER           | SONAL               | DETAILS                   |         |       |  |
|------------------------------------|---------------------|---------------------------|---------|-------|--|
| Full name:                         | Dr Na               | agender Aneja             |         |       |  |
| Identification Card number:        | 51-315891           |                           | Colour: | Green |  |
| Position:                          | Assistant Professor |                           |         |       |  |
| Faculty/Institute/Academy/ Centre: |                     | School of Digital Science | . 1 . 1 |       |  |

| Total days of No-Pay Leave:  |             |          | days                    |    |              |
|--|-------------|----------|-------------------------|----|--------------|
| Date(s) of No-Pay Leave:   | 119         | days     | from: Oct 29, 2023      | to | Feb 24, 2024 |
|  |             | days     | from:                   | to |              |
| Note:  Application for No-Pay L  Public holiday and week  Salary, allowance(s) and | ends will b | e count  | ed in the No-Pay leave. |    |              |
| Salary, allowance(s) and   |             |          | supporting documents wi |    |              |
| ÷  |             | •        |                         |    | •            |
| # 2 × 2  | I have to t | ake care | of family.              |    |              |
|  | Thurs to t  | anc care | o                       |    |              |
| Reasons for applying No-Pay  |             |          |                         |    |              |
| Leave:   |             |          |                         |    |              |
|  |             |          |                         |    |              |
|  |             |          |                         |    |              |

| Teaching d                          |   | I shall be teaching online.   |  |  |  |  |  |  |
|-------------------------------------|---|---|--|--|--|--|--|--|
|                                     |   |   |  |  |  |  |  |  |
| Status on a<br>research ar<br>any)  |   | I shall be continuing my research work and will interact with research assistant online. I shall continue to publish research papers. |  |  |  |  |  |  |
|                                     |   |   |  |  |  |  |  |  |
| accommod<br>leave; with             | ents of your<br>lation during your                | I have paid advance rent for four months.   |  |  |  |  |  |  |
|                                     |   |   |  |  |  |  |  |  |
| SECTION                             | C: DECLARATION                                    |   |  |  |  |  |  |  |
| I declare th                        | nat all the information                           | given in Sections A, B and C is correct.  |  |  |  |  |  |  |
| i deciare ti                        | ac all the illioinlation                          |   |  |  |  |  |  |  |
| Applicant's Signature 20/6/23  Date |   |   |  |  |  |  |  |  |
|                                     |   |   |  |  |  |  |  |  |
| SECTION                             | D: VERIFICATION AN                                | ID RECOMMENDATION/APPROVAL OF DEAN/DIRECTOR   |  |  |  |  |  |  |
|                                     | Lauran  | at I de not summert the No Poul anno and institut of this staff.  |  |  |  |  |  |  |
|                                     | 1 suppor  | rt / do not support the No-Pay Leave application of this staff:   |  |  |  |  |  |  |
| Signature :                         | · Cov   | Date: 20/6/2023   |  |  |  |  |  |  |
| Name                                | : TA  | Date: 20/6/2023  Position: Dean, SDS  |  |  |  |  |  |  |
|                                     | CAV.  | <u> </u>  |  |  |  |  |  |  |
| SECTION                             | E: FOR APPLICATION                                | N OF 30 DAYS OR MORE  |  |  |  |  |  |  |
|                                     | e of Human Resource N<br>Persiti Brunei Darussala | Management (HRM) meeting,   |  |  |  |  |  |  |
| b) Decis                            | sion of the HRM comm                              | nittee:   |  |  |  |  |  |  |
|                                     | Approved  | NOT approved  |  |  |  |  |  |  |
|                                     |   |   |  |  |  |  |  |  |
| Note:                               |   |   |  |  |  |  |  |  |
|                                     |   |   |  |  |  |  |  |  |
| _                                   |   |   |  |  |  |  |  |  |
|                                     |   |   |  |  |  |  |  |  |
|                                     | COP   | Signature   |  |  |  |  |  |  |
|                                     | JABATAN   | Vice Chancellor   |  |  |  |  |  |  |
| 1                                   |   |   |  |  |  |  |  |  |
|                                     |   | Name:   |  |  |  |  |  |  |
|                                     |   |   |  |  |  |  |  |  |
|                                     |   | Name:  Date:  |  |  |  |  |  |  |

| SECTION F: HUMAN RESOURCE OFFICE USE ONLY |                                   |                                    |  |  |
|---|-----------------------------------|------------------------------------|--|--|
| a)  | Application form received (date): |                                    |  |  |
| b)  | UBD File reference:               |                                    |  |  |
|   | COP<br>JABATAN                    | Verified by:                       |  |  |
|   | 3767(7)(                          | Signature Assistant Registrar (HR) |  |  |
| Note                                      | e:                                |                                    |  |  |
|   |                                   |                                    |  |  |

c.c. Jurukira Agung, Jabatan Perbendaharaan Juruaudit Agung, Jabatan Audit Bursar, UBD

SALINAN ASAL ORIGINAL

**F** 6081662

## KERAJAAN BRUNEI DARUSSALAM GOVERNMENT OF BRUNEI DARUSSALAM

Jabatan/Kementerian: ..

UBD

Department/Ministry

FIVE

20.06.2023

Collecting Officeral

NAGENDER ANEJA

Diterima dari:.

Received from

Wang sebanyak ringgit A 8/X HUNDRED

the sum of dollars

520.00

\$

Untuk bayaran: being for NOV