



EXTRA TEACHING CLAIM FORM

KULLIYYAH : _____
SEMESTER : _____

Staff name : _____
Staff no. : _____ Salary Grade : _____
Tel No. : _____
Academic Post : _____
Admin. Post : _____

No. of teaching hours per week : No. of extra hours per week :

Extra Teaching load at present Kulliyyah:

Course Title : _____ Course code : _____

WEEK(S)	COURSE CODE	DATE	TIME		TOTAL HOURS	TOTAL CLAIM (RM)
			FROM	TO		
1 st week						
2 nd week						
3 rd week						
4 th week						
5 th week						
6 th week						
7 th week						

8 th week						
9 th week						
10 th week						
11 th week						
12 th week						
13 th week						
14 th week						

I hereby certify that the above claims is true.

Signature of applicant

Date :

Recommendation from Head of Department

Approval from Dean

Signature / Official stamp

Date :

Signature / Official stamp

Date :

Notes:

A. Please attached the following documents:

1. *Staff academic workload*
2. *Class schedule of the semester*
3. *Students attendance sheet*

B. All claims must be submitted to Finance Division within 3 months after the end of the semester. Otherwise, claim will not be entertained.

Extra Teaching load at other Kulliyahs:

Course Title : _____

Course code : _____

WEEK(S)	COURSE CODE	DATE	TIME		TOTAL HOURS	TOTAL CLAIM (RM)
			FROM	TO		
1 st week						
2 nd week						
3 rd week						
4 th week						
5 th week						
6 th week						
7 th week						
8 th week						
9 th week						
10 th week						
11 th week						
12 th week						
13 th week						
14 th week						

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A. Please attached the following documents:

1. **Staff academic workload**
2. **Class schedule of the semester**
3. **Students attendance sheet**

**B. All claims must be submitted to Finance Division within 3 months after the end of the semester.
Otherwise, claim will not be entertained.**

For Finance Use :

APPROVED

☐

NOT APPROVED

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*Remarks :
