

EXTRA TEACHING CLAIM FORM

	KULLIYY	AH :				
	SEMESTE	CR :				
Staff name	:					
Staff no.	:		Sal	ary Grade :		
Tel No.	:					
Academic Pos	t :					
Admin. Post	:					
No. of teaching	g hours per we	ek :	No. o	f extra hours p	er week :	
Extra Teachir	ng load at pres	ent Kulliyyah	:			
Course Title	:	Cours	e code :			
WEEK(S)	COURSE	DATE	TI	ME	TOTAL	TO
	CODE		ED O.M.		HOURS	CL

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

Recommend	ation from Hea		ent	Approval fro	m Dean	
		d of Donartm				
Signature of a Date :	ipplicant					
	fy that the above	e claims is true.				
14 th week						
13 th week						
12 th week						
11th week						
10 th week						
9th week						

- 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 Teachi	ng toau at other Kumyyans:		
Course Title	:	Course code	:

WEEK(S)	COURSE CODE	DATE	TIME		TOTAL	TOTAL CLAIM
	CODE		FROM	то	HOURS	(RM)
1st 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 are 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 Otherwise, claim will not be entertained.	months after the end of the semester.
For Finance Use:	NOT A PROOVED
APPROVED	NOT APPROVED
*Remarks :	