

PART-TIME TEACHING CLAIM FORM

(Processing will be delayed if all parts are not completed fully)
 (Please complete in duplicate and attach the *original appointment letter, course outline, class attendance register and timetable*)

NAME: _____ EMPLOYER _____

CURRENT DESIGNATION/GRADE: _____ PF. NO. _____

CLAIM FOR SEMESTER (e.g. May – August): _____

ACADEMIC YEAR (e.g. 2007/2008): _____ PIN NO. _____

DEPARTMENT SERVED AT JKUAT: _____

TOTAL AMOUNT CLAIMED: _____

UNIT CODE	UNIT TITLE	AMOUNT CLAIMED		
		TEACHING CLAIM (Kshs)	MARKING CLAIM (Kshs)	
			TOTAL SCRIPTS	AMOUNT CLAIMED

I certify that the above constitute a correct record of the units taught and examined at JKUAT
 SIGNATURE OF THE CLAIMANT.....DATE:.....

BANK Acc/No:.....BANK.....BRANCH.....

I certify that the claimant taught, conducted tutorials and labs and examined in the listed units.
 CHECKED BY (NAME).....

(Examinations Officer, Msa Campus)

SIGNATURE.....DATE.....

VERIFIED BY (NAME).....
 (Administrator, Msa Campus)

SIGNATURE.....DATE.....

VERIFIED BY (NAME).....
 (Deputy Director, Msa Campus)

SIGNATURE.....DATE.....

APPROVED BY (NAME):.....
 (DIRECTOR, MSA CAMPUS)

SIGNATURE.....DATE.....

ACTION:.....DATE:.....
 (Finance Officer)