PART- TIME TEACHING CLAIM FORM

Please complete in **Duplicate** and attach the original letter of appointment, Course Outline, Class attendance register and timetable. (NB: Processing will be delayed if all parts are not fully completed)

<table>
<thead>
<tr>
<th>UNIT CODE</th>
<th>UNIT TITLE</th>
<th>AMOUNT CLAIMED (Kshs)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>TEACHING CLAIM(Kshs)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MARKING CLAIM (Kshs)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>TOTAL SCRIPTS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>AMOUNT CLAIMED</td>
</tr>
</tbody>
</table>

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

I certify that the claimant taught, conducted tutorials and labs and examined the listed units.

CHECKED BY (NAME):……………………………………………………………………………………………………

(Examinations officer, Mombasa Campus)

Signature:…………………………………………………………………………………………………DATE:………………

VERIFIED BY (NAME):……………………………………………………………………………………………………

(Assistant Registrar, Mombasa Campus)

SIGNATURE:…………………………………………………………………………………………………DATE:………………

VERIFIED BY (NAME):……………………………………………………………………………………………………

(Deputy Director, Mombasa campus)

SIGNATURE:…………………………………………………………………………………………………DATE:………………

APPROVED BY (NAME):……………………………………………………………………………………………………

(Director, Mombasa Campus)

SIGNATURE:…………………………………………………………………………………………………DATE:………………

ACTION:……………………………………………………………………………………………………………………

(Finance officer)