

**JOMO KENYATTA UNIVERSITY OF AGRICULTURE AND TECHNOLOGY
MOMBASA CAMPUS**

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)

NAME:.....EMPLOYER:.....

CURRENT DESIGNATION/GRADE:..... PF NO:.....

CLAIM FOR SEMESTER (e.g. May- Aug):.....

ACADEMIC YEAR (e.g. 2018/2019):..... PIN NO:.....

DEPARTMENT SERVED AT JKUAT:.....

TOTAL AMOUNT CLAIMED:.....

UNIT CODE	UNIT TITLE	AMOUNT CLAIMED (Kshs)		
		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 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:..... DATE:.....
(Finance officer)