Payment Agreement/ Part-time Staff

Section 1: To be filled by the requesting faculty:
Please attach the course’s timetable (SC, FR 02).

Requesting faculty: ______________________ Course Title & Code: ___________________________

Course Duration (as in the Academic Calendar): from ___________ to ________________

Part-timer’s Name ___________________________ Academic Position: ________________

Contact & Address: ________________________________________________________________

Phone No.: __________________________ Mobile No. (1): __________________________

Course Coordinator Name: __________________________

Sig.: __________________________ Date: /__/________

Faculty Dean Name: __________________________

Sig.: __________________________ Date: /__/________

Rate per hour: _____________ SDG

Type of claim:  [ ] Cash    [ ] Cheque

Approved by (The Principal):

Name: __________________________

Sig.: __________________________ Date: /__/________

Part-timer’s Sig.: ______________________ Date: /__/________

Section 2:
-This section should be completed after the end of the course.

-Please attach the Teacher Log Sheet (SC, FR 06) & the Timetable (SC, FR 02).

Approved no. of hours: ___________ hrs

Faculty Dean Name: __________________________

Sig.: __________________________ Date: /__/________

Approved by (The Principal):

Name: __________________________

Sig.: __________________________ Date: /__/________

N.B: According to the NUSU Academic Regulation (article 3-9), the payment due after the submission of the course exam result.