

# UNIVERSITY OF EDUCATION, WINNEBA

## E04 - CLAIM FORM FOR ASSESSMENT OF PRACTICAL ATTACHMENT PROGRAMME AND OFF-CAMPUS TEACHING PRACTICE

### Part A - Details of Claimant

Name: \_\_\_\_\_ Designation: \_\_\_\_\_  
Staff Number (If applicable): \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Faculty/Department/Section/Unit: \_\_\_\_\_ Academic Year: \_\_\_\_\_

### Part B - Details of Claim

Type of Assessment (Please tick as applicable)

Practical Attachment Programme (PAP) [ ]

Off-Campus Teaching Practice (OCTP) [ ]

Please list below the name(s) and index number(s) of student(s) assessed and indicate the type of assessment as well as the number of hours spent on each student.

SN	Name and Index Number of Student	Type of Assessment		No. of hours
		PAP	OCTP	

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date(DD/MM/YYYY)

### Part C - Approving Officers

\_\_\_\_\_  
Head of Department

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date(DD/MM/YYYY)

\_\_\_\_\_  
Deputy Registrar (Academic)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date(DD/MM/YYYY)

### Part D - Claim Summary (For Accounts Officer's Use Only)

Item	No. of Students	No. of Hours	Rate/Hour (GH¢)	Amount (GH¢)
SAP				
OCTP				
<b>Total</b>				

\_\_\_\_\_  
Prepared by

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date(DD/MM/YYYY)

\_\_\_\_\_  
Checked by

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date(DD/MM/YYYY)

*This Form has been designed in accordance with Section 15.2.1 of the University's Financial and Stores Regulations. It is to be used only for the claim for which it is meant.*