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.

<table>
<thead>
<tr>
<th>SN</th>
<th>Name and Index Number of Student</th>
<th>Type of Assessment</th>
<th>No. of hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>PAP</td>
<td>OCTP</td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Item</th>
<th>No. of Students</th>
<th>No. of Hours</th>
<th>Rate/Hour (GHC)</th>
<th>Amount (GHC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAP</td>
<td></td>
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<tr>
<td>OCTP</td>
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<td></td>
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<tr>
<td>Total</td>
<td></td>
<td></td>
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</tbody>
</table>

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.