

UNIVERSITY OF EDUCATION, WINNEBA

E08 - CLAIM FORM FOR EXTRA TEACHING LOAD

Part A - Details of Claimant

Name: _____ Designation: _____

Staff Number: _____ Telephone Number: _____

Faculty/Department: _____ Academic Year/Semester: _____

Part B - Details of Claim

Month: _____

Please state below details of your teaching load in the month.

Date	Time	Course Code	Number of Contact Hrs			Signature of Course Rep
			Lecture	Tutorial	Total	
Total						

Signature of Claimant

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.

Part C - Approving Officers

Head of Department	Signature	Date(DD/MM/YYYY)
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Deputy Registrar (Academic)	Signature	Date(DD/MM/YYYY)
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Part D - Claim Summary (For Accounts Officer's Use Only)

Total number of contact hours for the month (A)	
Maximum required number of contact hours (B)	
Total number of extra contact hours (A - B)	
Rate (GH¢)	
Amount (GH¢)	

Prepared by	Signature	Date(DD/MM/YYYY)
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Checked by	Signature	Date(DD/MM/YYYY)
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