

UNIVERSITY OF EASTERN AFRICA, BARATON
PART-TIME TEACHING CLAIM FORM

TRIMESTER: First/Second/Third/ (tick the applicable)

NAME _____ DEPARTMENT _____

COURSE TITLE _____ COURSE CODE _____ CREDITS _____

A. INSTRUCTIONAL DETAILS

	TOPIC TITLE	DATE	TIME		NO. OF HRS
			START	END	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
				TOTAL	

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B. OFFICIAL USE ONLY

TO BE FILLED BY DEPARTMENT HEAD

COURSE TITLE _____

NO. OF CREDITS _____

NO. OF STUDENTS ENROLLED _____

ACADEMIC LOAD _____

UNIT CALCULATION (if applicable) _____

LECTURER'S COURSE LOAD
(for Regular/Contract lecturers only) _____

OVERLOAD HOURS APPLICABLE
(for Regular/Contract lecturers only) _____

(a) Honorarium

No. of Hours _____

Rate _____

Total _____

(b) Transport _____

GRAND TOTAL _____

APPROVAL

Department Head _____ Date _____

Dean of School _____ Date _____

Deputy Vice-Chancellor, Academics _____ Date _____