

**UNIVERSITY OF TECHNOLOGY SARAWAK**

EDUSAR RESOURCES SDN. BHD. (969673 - X)

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UTS-HCAD-P10-PTEF

PART TIME EMPLOYMENT CLAIM FORM

Please circle : Postgraduate/Undergraduate/Non-Academic

Name : _____

ID Card No: _____

Designation : _____

Ext. No.: _____

Department : _____

Bank: _____

Account No.: _____

Date: _____

Detail Of Claim

| Date & Time Working | | | Hourly Rate | Total Hours | Calculation | Total Claim |
|---------------------|------|----|-------------|-------------|-------------|-------------|
| Day | From | To | | | | |
| | | | | | | |
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I hereby declare the above claim true.

(Signature of claimer)

Date :

Verified By HOD/Dean

Name:

Date:

*For Human Capital And Administration Department Only***Checked By****Recommended For Payment**

Name : _____

Name : _____

Date : _____

Date : _____

*For Bursary Office Use Only***Verified By****Approved By**

Senior Manager

VC/DVC/Bursar

Name : _____

Name : _____

Date : _____

Date : _____

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