

STUDENT EMPLOYMENT ON CAMPUS (SEOC) PROGRAMME APPLICATION FROM (K/C/D/I/O/M)

1. Details of application:

Officer's name : _____
Staff no. : _____
Position : _____
K/C/D/I/O/M : _____
Contact No. : _____

2. Details of Project/ Task Required for SEOC:

Department/Unit : _____
Reason for applying : _____
(Please attach Job Description)
Period of project (Date) : _____
Number of SEOC required : one () / two ()

3. Details of Candidate/ Student:

Proposed Candidate : () Yes (if yes, please attach details of candidate)
() No (if no, please liaise with SSD)

4. Verified by the Dean/Director/Head of Dept. (K/C/D/I/O/M):

Name:
Official Stamp:
Date:

5. For Office Use (SSD):

1. Balance of Khairat Trust Fund as of _____ amounting of RM _____
2. No existing SEOC from this K/C/D/I/O/M: _____
3. Total numbers active SEOC: _____

Checked:

Recommended:

Name:
Official Stamp:
Date:

Assistant Director (SSD):
Official Stamp:
Date: