

CREDITED CO-CURRICULAR UNIT (CCU) LTIFs TEACHING CLAIM FORM



LEADING THE WAY
KHALIFAH • AMĀNAH • IQRA' • RAHMATAN LIL-ĀLAMĪN

Form No.: 03
Version No.: 03
Revision No.: 03
Effective Date: 24/06/2024

Name: _____ Position: _____ Organisation: _____ Contact No: _____
Course Title: _____ Course Code: _____ Section: _____ Semester/Year: _____
Bank: _____ Account No.: _____ IC/Passport No.: _____

INSTRUCTION: Please key in the duration of the class. E.g., 2 for 2 hours.

MONTH / DATE	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	26	27	28	29	30	31	Total hours
JAN																																
FEB																																
MAC																																
APR																																
MAY																																
JUNE																																
JULY																																
AUG																																
SEPT																																
OCT																																
NOV																																
DEC																																

IMPORTANT NOTE: Please attach the original attendance record of your trainees/students.

Total Hours Claim

I hereby agree that this claim is true .

LTIF's Signature

LTIF's Name

Date

A. Rate per hour (RM)

B. Total Hours Claim (h)

Recommended by:

Approved by:

TOTAL CLAIM (RM) (A x B)

Coordinator CCU
Kuantan
Date:

Director
(Adminstration)
Date:

Remarks:

- Please refer to your appointment letter for rate of honorarium.
- For Usrah's Facilitator, please use Usrah Teaching Claim Form.
- Lecturer/Trainer/Instructor/Facilitator (LTIF)