

**CREDITED CO-CURRICULAR DEPARTMENT (CCCD)
STUDENT AFFAIRS AND DEVELOPMENT DIVISION (STADD)**



LEADING THE WAY
KHALĪFAH • AMĀNAH • IQRĀ' • RAHMATAN LIL-ĀLAMĪN

Form No.: 03
Version No.: 03
Revision No.: 00
Effective Date: 30/09/2021

USRAH - LECTURER/TRAINER/INSTRUCTOR/FACILITATOR (LTIF) CLAIM FORM

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

INSTRUCTION: Please key in the duration of the class (total both of synchronous and asynchronous). 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 attendance record of your trainee/students.

Total Hours Claim

I hereby agree that this claim is true

_____ Rate per session / semester (RM) 350.00
 LTIF's Signature LTIF's Name Date

Recommended by:

Approved by:

TOTAL CLAIM (RM)

Senior Assistant Director
Dept. Stamp:
Date:

Head of Department
Dept. Stamp:
Date:

Remarks:

1. This form is for **Usrah** claim application only.
2. For Non-Usrah, please use Non-Usrah form.