

**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

**NON-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

\_\_\_\_\_  
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)**

\_\_\_\_\_  
Senior Assistant Director  
Dept. Stamp:  
Date:

\_\_\_\_\_  
Head of Department  
Dept. Stamp:  
Date:

Remarks:

1. Please refer to your appointment letter for rate of honorarium.
2. This form is for **Non-Usrah** claim application only.
3. For Usrah 1 & Usrah 2, please use Usrah form.