BABCOCK UNIVERSITY

TEACHING HONORARIUM FOR PART-TIME TEACHERS

Date: _____

Name of Lecturer: _____
(Surname) (First Name) (Others)

Permanent Address: _____

Phone No: _____ Email: _____

Date Work Began in BU: _____ Highest Qualification: _____ Discipline: _____

School: _____ Department: _____ Programme: _____

Rank: _____ Status (Pls. Tick): Internal ☐ External ☐

Semester: _____ Academic Year: _____

For Internal only (BU Staff)

Current Department/Unit: _____

Summary of Job Responsibilities: _____

_____

_____

HOD/Supervisor's Comment on performance of primary assignment during the period: _____
_____

Name of HOD/Supervisor **(in Dept. of Primary Assignment)**_____ Sign/Date_____

List of the Part-Time Courses						
S/No	Course Code	Course Title	Day	Time	No of Students	No of Credits
1.						
2.						
3.						
Total Credit Assigned						

Teaching Honorarium: _____ Script Allowance: _____

Transport: _____ **Total Claim**: **₦**_____

Approvals

HOD's Name: _____ Signature_____ Date: _____

Dean's Name: _____ Signature_____ Date: _____

HR's Approval: _____ Signature_____ Date: _____

SVP (Acad.)'s Name: _____ Signature_____ Date: _____

VPFA's Name: _____ Signature_____ Date: _____

N.B: Part time academic contract is for an academic year only, you are expected to renew for continuity (Please attach course allocation)