

UNIVERSITY OF EASTERN AFRICA, BARATON
STUDENT LABOR REQUISITION FORM

1. GENERAL INFORMATION

DEPARTMENT: _____
SCHOOL: _____ REQUISITION DATE: _____
TRIMESTER _____

2. DEPARTMENT REQUIREMENT

	DESIGNATION	SKILLS REQUIREMENT	DURATION OF ASSIGNMENT	ANY OTHER SPECIFICATION	NO. OF STUDENTS
<i>e.g.</i>	<i>cleaners</i>	<i>NONE</i>	<i>2 weeks</i>		<i>10</i>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

3. RETENTION REQUEST

Please indicate the names of the student that have been working with you and that you wish to retain in the department for this trimester

SN	STUDENT NAME	DESIGNATION
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

Head of Department

Name _____

Signature _____ **Date** _____