



INTERNATIONAL ISLAMIC UNIVERSITY ISLAMABAD
(Office of the Director (Academics))

Subject:- **ENGAGEMENT OF PART TIME TEACHERS (REGULAR/CONTRACTUAL/ADHOC)**
(IIU FACULTY MEMBERS)

The following regular teacher (s) of the IIUI have been recommended by the Faculty for teaching of the following courses as part time teachers:-

Faculty: _____ Department: _____

S. No.	Name of the teacher & Designation	PRESENT ASSIGNMENTS		PART TIME ASSIGNMENTS	
		Present Regular assignment (specify courses)	Cr. Hrs	Part time course (s) assigned	Cr. Hrs
1.		1. _____ 2. _____ 3. _____ 4. _____		1. _____ 2. _____	
2.		1. _____ 2. _____ 3. _____ 4. _____		1. _____ 2. _____	
3.		1. _____ 2. _____ 3. _____ 4. _____		1. _____ 2. _____	
4.		1. _____ 2. _____ 3. _____ 4. _____		1. _____ 2. _____	
5.		1. _____ 2. _____ 3. _____ 4. _____		1. _____ 2. _____	

PRESCRIBED WORK STANDARD FOR TEACHING FACULTY AS APPROVED BY THE 47TH ACADEMIC COUNCIL

DESIGNATION	PRESCRIBED WORK STANDARDS FOR 36 HOURS WEEK				
	Minimum Teaching hours	Contact hours for students consultancy	Supervision of thesis/projects	Research	Contribution to departmental administrative functions
Lecturer	12	6	9	6	3
Assistant Professor	12	6	9	6	3
Associate Professor	9	6	12	6	3
Professor	6	6	15	6	3

Certified that the courses assigned to them under part time title are;

- i.** Over and above the **prescribed teaching** hours according to his/her designation(s) **given above.**
- ii.** **Over and above 36 hours** of prescribed official duty in the Department per Week including **teaching, research, supervision and counseling** will be fully performed by the above teacher (s).
- iii.** This part time teaching shall not disturb their prescribed/required responsibilities in the department as a regular teacher/employee.

Submitted for Approval please.

Sig. & stamp of the Head of the Department with stamp

Sig. & stamp of the Dean of the Faculty with stamp

Director (Academics)

President IIUI



INTERNATIONAL ISLAMIC UNIVERSITY ISLAMABAD
(Office of the Director (Academics))

Subject:- **ENGAGEMENT OF PART TIME TEACHERS (NON-IIUI TEACHERS)**

Following visiting teachers of other Universities/institutions have been engaged to teach the subject(s) as mentioned against their name (s) in the Faculty of _____ Department _____ during _____ semester:-

S. No.	Name of Teacher/ Designation	University/Institution	Course (s) assigned	Cr. Hrs.
1.			1. _____ 2. _____	
2.			1. _____ 2. _____	
3.			1. _____ 2. _____	
4.			1. _____ 2. _____	
5.			1. _____ 2. _____	
6.			1. _____ 2. _____	
7.			1. _____ 2. _____	

It is certified that the above teacher is not a teacher of IIUI and acquisition of his/her services were inevitable due to;

- i. Non-availability of the subject teacher (s) in the Faculty.
- ii. The regular Faculty teacher (s) cannot undertake teaching of this course (s) being fully engaged with their assigned course load.
- iii. Expertise of the teacher is at par with the course requirements.
- iv. Administrative Staff under taking part time teaching shall only be allowed to teach classes after office hours with the permission of their respective Heads.

Submitted for Approval please.

Sig. and stamp of the Head of the Department with stamp

Sig. and stamp of the Dean of the Faculty with stamp

Director (Academics)

President IIUI

INTERNATIONAL ISLAMIC UNIVERSITY ISLAMABAD

Faculty of _____

CLAIM FORM FOR PART TIME TEACHERS OF IIU

Course Code/Nomenclature: _____ Number of Credit Hours: _____

Degree Programm: _____ Semester (Fall/Spring/Summer) _____

Name of Teacher: _____ Engaged as: _____

Name of Faculty/Department/Institute: _____

Claim for the month(s) of _____

CNIC # : _____ NTN # _____

Contact Address/Phone Numbers: _____

DETAIL OF CLASS HOURS

S.No.	Date of Lecture	Duration of Lecturer (Hours)	S.No.	Date of Lecturer	Duration of Lecture (Hours)	
1.			19.			
2.			20.			
3.			21.			
4.			22.			
5.			23.			
6.			24.			
7.			25.			
8.			26.			
9.			27.			
10.			28.			
11.			29.			
12.			30.			
13.			31.			
14.			32.			
15.			33.			
16.			34.			
17.			35.			
18.			36.			
A					Total Number of Teaching Hours:	Rs.
B					Rate per Hours:	Rs.
C					Total Amount for (A) + (B)	Rs.
D					Conveyance Allowance @ Rs.....per trip..... No. of Trips	Rs.
E					Total Amount Claimed (C) + (D)	Rs.

Signature of Claimant

Verification:

It is verified that the information recorded above by the teacher for claiming remuneration for visiting/part time teaching is correct and may be approved for payment.

Programme Coordinator/Manager

Certificate

It is certified;

1. That the appointment of the above mentioned teacher was approved by the competent authority (copy of the notification is enclosed).
2. That the above mentioned teacher has successfully completed the semester requirement as a part time teacher and performed his/her duties up to the required standard of the Faculty.
3. That the teacher has submitted his result of Mid Term and Terminal Examination well in time.
4. It is verified that information recorded by the teacher for claiming the remuneration of visiting/part time teaching is correct.

Verified by

Approved & forwarded by

Head of the Department

Dean of the Faculty

Additional Director (Finance)