

**UNIVERSITY OF NAIROBI
STUDENTS' WELFARE AUTHORITY**

CASUALS' REQUISITION FORM

DEPARTMENT/SECTION:

REASONS FOR ENGAGEMENT:

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NUMBER OF CASUALS TO BE ENGAGED:

DURATION OF ENGAGEMENT:

REQUESTED BY: **DATE:**

ENDORSED BY:

CHIEF PERSONNEL OFFICER, SWA: **DATE:**

FOR FUNDS AVAILABLE/NOT AVAILABLE:

DEPUTY FINANCE OFFICER, SWA: **DATE:**

COMMENTS:

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DIRECTOR, SWA: **DATE:**