**APPLICATION FORM FOR FEE REMISSION ON THE USE OF UR FACILITIES**

**(To be filled in CAPITAL LETTERS)**

|  |  |
| --- | --- |
| **Section A – To be completed by the staff** | |
| **A.1: Employee personal details** |  |
| Names |  |
| National ID No |  |
| College/Campus/Unit |  |
| Position |  |
| Email Address |  |
| Employee tel. Number |  |
| Work Experience at UR ***( Attach current appointment letter/contract)*** | **From:** **To:** |
| **A.2: Employee Physical Residence Address** |  |
| * Province/City |  |
| * District |  |
| * Sector |  |
| * Cell |  |
| * Village |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **A.3: Beneficiary and requested facilities details** | | | |
| Names |  | | |
| National ID No  ***( Attach a copy of National ID)*** |  | | |
| Telephone |  | | |
| Email Address |  | | |
| Facility requested |  | | |
| Location of the facility |  | | |
| Purpose for the use |  | | |
| Date of the event |  | | |
| **A.4: Employee-Beneficiary relationship (tick (√) Appropriately)** | | | |
| Employee himself (***Attach the appointment letter/Service Certificate****)* | | |  |
| Spouse *(****Attach a valid marriage certificate)*** | | |  |
| Son/Daughter***(Attach a valid birth certificate)*** | | |  |
| Adopted son/ daughter*(****Attach a valid******Proof of adoption/Legal Custody and birth certificate****)* | | |  |
| I confirm that the above details are correct and that this event is not for profit-making purpose. If I provide wrong information, I will be held accountable and will pay back all the money and other benefits back to the University. | | | |
| **Names:** | | **Signature:** | |
| **Position:** | | **Date:** | |

|  |  |
| --- | --- |
| **Section B – To be completed by Employee Line Manager** | |
| I ………………………….……………………………………………………………recommend Mr/Ms/Mrs(Employee’s Name)...............................……………………………………………to benefit from the University of Rwanda-Staff Benefit policy. | |
| **Names:** | **Signature:** |
| **Position:** | **Date:** |

|  |  |
| --- | --- |
| **Section C – To be completed by Administration and Human Resources Unit (Head Office or Campus)** | |
| I confirm that the staff details provided above are correct and that the Beneficiary satisfies all criteria as specified in the University of Rwanda-Staff Benefit Policy | |
| **Names:** | **Signature:** |
| **Position:** | **Date:** |

|  |  |
| --- | --- |
| **Section D – To be completed by the Assets and services Management Unit** | |
| I confirm that the facility requested is available for use during the specified period and fit for the prescribed event. | |
| **Names:** | **Signature:** |
| **Position:** | **Date:** |

|  |  |  |
| --- | --- | --- |
| **Section E – Recommendation from the task team to the Competent Authority for approval (tick (√) the appropriate decision)** | | |
| Approved |  |  |
| Not Approved ***(Provide reasons :)*** |  |  |
| **Attach the signed attendance list of the task team members on the report.** | | |