MINISTERU GĦALL-EDUKAZZJONI
U X-XOGĦOL

MINISTRY FOR
EDUCATION AND EMPLOYMENT

MALTA

DIRECTORATE LEARNING AND ASSESSMENT PROGRAMMES

TRAINER REMUNERATION FORM

Month : Year :

Course Title: Venue:

Trainer: ID : Tel (Hm/Mob): Office:

Address: NI: Paylist:

Employer: Grade: VAT:

Breakdown of service delivered

Calendar Date	Time		Hours delivered	Number of Participants
Total No. of Hours				

Trainer's declaration

I attest that the attendance sheet attached is correct and that I have performed:

hours @ €22 per hour =

amounting to a total of €

TRAINER'S REMARKS : (Please include details which may be necessary to clarify the request, such as cancellation of sessions, replacement of other trainers, etc.)

Signature: Date:

Certified Correct by Coordinator

Name :

Signature: Date:

Signature of Head of School

Name :

Signature: Date:

Office Stamp

Remuneration Form <u>will not be processed</u> unless complete and accompanied by signed attendance sheets.

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