

# UNIVERSITY OF NAIROBI

## STUDENTS' WELFARE AUTHORITY

### CASUALS REQUISITION FORM

DEPARTMENT/SECTION .....

REASONS FOR ENGAGEMENT:

.....  
.....  
.....

NUMBER OF CASUALS TO BE ENGAGED: .....

DURATION OF ENGAGEMENT: .....

REQUESTED BY: ..... DATE: .....

ENDORSED BY  
CHIEF PERSONNEL OFFICER ..... DATE: .....

APPROVED BY  
DIRECTOR, SWA ..... DATE: .....