**Form for University Employee Employment**

 King Mongkut’s University of Technology Thonburi

Date Month Year

Subject: Request for approval of university employee employment

Attn:

 Department/Office of , faculty/office/institute of ,

Wishes to:

 🞎 employ the following preson as a new university employee with the following reasons:

 🞎 renew the employment of,

Mr./Mrs./Miss , in the position of , rank ,

Educational background 🞎 lower than Bachelor Degree 🞎 Bachelor Degree 🞎 Master Degree 🞎 Doctorate

in , field of specialization , salary rate ,

the period for which the employment will last: year (s) month (s) day (s) starting from date month , year until date month , year , number of employment (s) with the university , starting from date month , year until date month , year ,

 To conduct 🞎 teaching;

 🞎 research;

 🞎 others (please specify)

 Financed by the fund of , under the supervision of (specify bureau) ,

 task , budget code

Currently, the Faculty/Office retains the following employee workforce

|  |  |
| --- | --- |
| Type of Personnel | Educational Background on the Induction Date  |
| Lower than Bachelor’s Degree | Bachelor’s Degree | Master Degree | Doctorate | Total |
| Academic staffs |  |  |  |  |  |
| Employees with supporting roles  |  |  |  |  |  |
| Type of Employees | Educational Background at the Induction Date |
| Lower than Bachelor’s Degree | Bachelor’s Degree | Master Degree | Doctorate | Total |
| Public servants with academic field |  |  |  |  |  |
| Public servants in specialized field |  |  |  |  |  |
| Public servants in general field  |  |  |  |  |  |
| Permanent employees |  |  |  |  |  |
| **Total** |  |  |  |  |  |

|  |
| --- |
| **Existing University Employees\*** |
| Position | Educational Background on the Induction Date |
| Lower than Bachelor’s Degree | Bachelor’s Degree | Master Degree | Doctorate | Total |
| Position …………………………….. |  |  |  |  |  |
| Position …………………………….. |  |  |  |  |  |
| Position …………………………….. |  |  |  |  |  |
| Position …………………………….. |  |  |  |  |  |
| Position …………………………….. |  |  |  |  |  |
| **Total** |  |  |  |  |  |

\* Please specify all existing positions in your bureau.

Please be informed and issue your approval accordingly.

 Yours sincerely

 Signed

 ( )

 Date month year

Opinion of the head of Department/Center, director of Division/Sub-division, secretary of Faculty/Office

* Approved;
* Suspended for approval because

 Yours sincerely

 Signed

 ( )

 Date month year

Opinion of vice president/associate dean

* Approved;
* Suspended for approval because

 Yours sincerely

 Signed

 ( )

 Date month year

Authorized Person to approve (vice president for human resource management/dean/director of the Office/Institute)

* Approved;
* Disapproved.

Yours sincerely

 Signed

 ( )

 Date month year