



**Form No. (9) The Applied Tasks / Special Projects Agreement**

**Personal information:**

<b>Name:</b>	<b>Division:</b>
<b>Job Class:</b>	<b>Job Title:</b>
<b>Duration Spent in This Job:</b>	<b>Manager:</b>
<b>Phone no.</b>	<b>E-mail address:</b>

**Details of the applied tasks / special projects:**

Name of extended tasks / special projects	
Project manager:	
Division name (if different)	
Task / project period	
Starting Date:	
Completion Date:	
Duties identified for the task/ project:	

Please specify how these applied tasks / special projects contribute to the achievement of the your development objectives:

Please specify how to what extent you contribute to these applied tasks / special projects

Employee Signature:	Date:
<b>Approval of Line Manager:</b>	
Signature:	Date:
<b>Approval of Project Manager:</b>	
Signature:	Date:
Name:	Job title:
<b>Approval of Managing Director</b>	
Signature:	Date:
Name:	Job title: