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

**Personal information:**

|  |  |
| --- | --- |
| **Name:**  | **Division:**  |
| **Job Class:**  | **Job Title:**  |
| **Duration Spent in This Job:** | **Manager:**  |
| **Phone no.** | **E-mail address:**  |

**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:  |
| **Approval of Line Manager:**  |  |
| Signature:  | Date:  |
| **Approval of Project Manager:**  |  |
| Signature:  | Date:  |
| Name:  | Job title:  |
| **Approval of Managing Director**  |  |
| Signature:  | Date:  |
| Name:  | Job title:  |